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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000086009 (5)

1. Corporation Name

STERLING LIMOUSINE & AIRPORT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1994

4. FEI Number

65-0540705

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

Principal Place of Business

115 SW 42ND AVE
MIAMI FL 33134
US

Mailing Address

P.O. BOX 14-1187
CORAL GABLES FL 33114

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

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30

9. Name and Address of Current Registered Agent

SHELTON, SHARON M
115 SW 42ND AVE
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHELTON, SHARON M
STREET ADDRESS 115 SW 42ND AVE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Secretary/DIR. Change
1.2 NAME Sharon M. Shelton
1.3 STREET ADDRESS 115 S.W. 42nd Ave
1.4 CITY-ST-ZIP miami, FL 33134

2.1 TITLE Vice President
2.2 NAME Brian Shelton
2.3 STREET ADDRESS 4100 S.W. 2nd Street
2.4 CITY-ST-ZIP MIAMI, FL 33134

3.1 TITLE Vice President
3.2 NAME Dawn Shelton
3.3 STREET ADDRESS 150 S.W. 41ST AVE
3.4 CITY-ST-ZIP miami, FL 33134

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Sharon M. Shelton, Secretary of State, 11/20/98

CP2E034 (10/97)