## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000006829 (2)

TOWNCAR TRANSPORTATION, INC.

Principal Place of Business	Mailing Address	-
8177 GLADES RD. SUITE 212-214 BOCA RATON FL 33434	8177 GLADES RD. Suite 212-214 Boca Raton Fl 33434	

## **FILED** Apr 06 1998 8:00am Secretary of State



Principal D	lace of Rusinss	-	Mailing Add								
Principal Place of Business Mailing Address											
8177 GLADES RD.   8177 GLADES RD.   SUITE 212-214   SUITE 212-214							·				
BOCA RATON FL 33434 BOCA RATON FL 33434					DO NOT WRITE IN THIS SPACE						
								3. Date Incorporated or Qualified			
O Dringing	I Diago of Direit		De Mailine	Addrona				01/26/1995			
2. Principa 21	2. Principal Place of Business 2a. Mailing Address							4. FEI Number		oplied For	
21     26						65-0603560		ot Applicable Additional			
22 27						5. Certificate of Status Desired		equired			
City & S	City & State City & State						6. Election Campaign Financing	\$5.00	May Be		
23	28							Trust Fund Contribution		to Fees	
Žip		Country	ountry Zip Cou			ıntry	,	8. This corporation owes or has paid the current year Intangible			
24		25	29		30			Personal Property Tax due June 30.		_ No	
		and Address of Currer	it Registered Age	ant		81		10. Name and Address of New Registered	d Agent		
		JLIUS H ESQ				"	Name				
		AST 62ND STREET				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	ft. Lauderd	ALE FL 33334				83					
						84	City	F	<b>85</b> Zip	Code	
11. Pursua	int to the provis	ions of Sections 607.050	2 and 607.1508.	Florida Statu	les, the a	bove	e-named corp	oration submits this statement for the purpose		ts registered	
office o	or registered ac	ent, or both, in the State th, and accept the oblig	of Florida. Such o	change was	authorize	d by	the corporati	ion's board of directors. I hereby accept the ap	pointment as	registered	
		in, and accept the obligi	ations of, Section	, oo	Oliga Ola	10103	۶،			1	
SIGNATUR	Signature, typed	or printed name of registered age	ant and title if applicable	(NO	TE Registere	d Age	onlagnature require	ed when reinstating) DATE			
12.		OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	3S IN 12	
TITLE	D/P		[_	DELETE	1.1 TI	TLE			Change	Addition	
NAME		THAL, ROCHELLE G			1.2 N	AME				[;	
STREET ADDRES		W. 29TH WAY			1.3 S	TREET	ADDRESS			ļi	
CITY-ST-ZIP	BOCA F	ATON FL 33434		7 BELEVE			T-ZIP		7 25		
TITLE	İ		L	_] DELETE	2.1 TI				☐ Change	Addition   9	
NAME					22 N						
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CITY-ST-ZIP			——— <del>—</del>	DELETE	2. 4 t		ST - ZIP		Change	Addition	
NAME			L	_ Decene	3.1 N				Onlinge		
STREET ADDRES	22						ADDRESS				
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TITLE	<b>—</b>		I	DELETE	4.1 TI		71 211		Change	Addition	
NAME '					4.21	IAME					
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NAME	1				5.2 N	AME				Y	
STREET ADDRES	ss				5.3 S	REET	ADDRESS			}	
CITY-ST-ZIP					5.4 C	TY-S	T-ZIP				
TITLE			L	DELETE	61TI	TLE			Change	Addition	
NAME					6.2 N	AME					
STREET ADDRES	SS				6.3 S	REET	ADDRESS				
CITY-ST-ZIP					640	TY-S	T-7/P				

14. Thereby 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.