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Secretary of State

03-02-1999 90015 029 ***158.75

USA 1000

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000013568

1. Corporation Name
EMBASSY LIMOUSINE SERVICE, INC.



Principal Place of Business: 407 SOUTH ORION AVE. CLEARWATER FL 34625
 Mailing Address: 407 SOUTH ORION AVE. CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/16/1995
 4. FEI Number: 59-3304325 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 the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301

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	<i>President</i>	<input type="checkbox"/> DELETE
NAME	WAUGH, BRIAN J	
STREET ADDRESS	407 SOUTH ORION AVE.	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	<i>Brenda padolsky V.P</i>	<input type="checkbox"/> DELETE
NAME	<i>54 Flint St</i>	
STREET ADDRESS	<i>REVERE MASS 02151</i>	
CITY-ST-ZIP		
TITLE	<i>BARBARA WAUGH</i>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>Brenda padolsky</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>54 Flint St</i>	<i>V.P/C</i>
2.3 STREET ADDRESS	<i>REVERE MASS 02151</i>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<i>BARBARA WAUGH</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>610 S. FRANKLIN ST</i>	<i>Director / T</i>
3.3 STREET ADDRESS	<i>UNIT F 301</i>	
3.4 CITY-ST-ZIP	<i>HOLBROOK MA 02343</i>	
4.1 TITLE	<i>Steve Lightbown</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>407 S. ORION AVE</i>	<i>DIRECTOR / M</i>
4.3 STREET ADDRESS	<i>CLEARWATER FL</i>	
4.4 CITY-ST-ZIP	<i>33765</i>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Brian J. Waugh*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 727-447-4656
 Date Daytime Phone #

CR2E034 (1/198)