SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000021615 (6) MARCO ISLAND BUS & LIMOUSINE, INC. Principal Place of Business Mailing Address 820 ARCADIA CT **820 ARCADIA CT** MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1995 2. Principal Place of Business 2a. Mai'ıng Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, elc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199 032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 Name SMITH, RALPH 820 ARCADIA CT 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33937 83 **84** City Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Styright zon type dice prints dimension registered agend and project in popularities (NOTE Regetered Agent signature required when reasts not 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)DELETE TATLE RESIDENT 11 TILLE Change Addition NAME 1.2 NAME CR2E034 ARCADIA CT. STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP SECRETARY MADELINE J. SMITH TITLE 21 THE Change Addition NAME 2.2 NAME 820 ARCHOIA CT. STREET ADDRESS 2.3 STREET ADDRESS MARCO ISLAND FL. 34148 CITY-ST-ZIP 2 4 CITY - ST- ZIP TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY - ST - 2IP TITLE DELETE 5 t Tifle 40000190525 -07/26/96--01011--036 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - ST. 7kP TITLE DELETE 6 I TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. DRALPH SMITH 941.642-3972 SIGNATURE:

6 4 CITY - ST- ZIP