FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P95000021838 (4)

PRIV	ATE CHAUFFEURING SEF	RVICES,	INC.							
Principal Place of Business		Mailing Address				CONTROL OF COLUMN TOWNS AND COLUMN TOWNS		10 11001 IIIUI	16166 11121 1611 1661	
29 FOREST PARK DRIVE VERO BEACH FL 32962		29 FOREST PARK DRIVE VERO BEACH FL 32962								
							3. Date Incorporated or Qualified 03/17/1995	3a. Da	te of Last F	Report
2. Principal Pa 21	ace of Business	2a. 26	Mailing Address				4. FEI Number 59 - 336-0	708		Applied For Not Applicable
Suite, Apt. (#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	Ø		5 Additional Required
City & State	9	28	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip Country 24 25		29	Zip Country 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9, Name and Address of Curr	ent Regist	tered Agent				10. Name and Address of New F	leģistered	Agent	
KEGNEY, LILIANA 29 FOREST PARK DRIVE				8:	1	Nanie Street Addre	iss (P.O. Box Number is Not Acceptat	ole)		
VERO BEACH FL 32962			63							
				84	4	City		Fi	85 Z	ip Code
familiar wt	th, and accept the obligations of, So Squature, byted or printed name of registerior ag OFFICERS A	etion 607.(0505, Florida Statute	OTE Registered Apr			d of directors. Thereby accept the app when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
TIFLE	D	NE OILLO	DELETE		1. 1 TITLE		DECIDENT		Change	
NAM! STREET ADORESS	KEGNEY, LILIANA 29 FOREST PARK DRIVE				1.2 NAME 1.3 STREET ADDRESS		TOLN KEBNEY 29 FOREST PARK DRIV VERO BEACH FL 32962	u		_
CHTY - ST - ZHP	VERO BEACH FL 32962			14 CITY-		ZIP I	TERO BEACH FL 32962	-		
line			☐ DELETE	2 1 THLE					Change	Addition
NAMI				2 2 NAME						
STREET ADDRESS				23 STREE		1				
CHY ST ZIP			DELETE	24 CITY- 3-1 TITLE		ZIP		-	Change	Addition
NAME				32 NAME						_
STREE! ADDRESS	:			33 SIRE	ET A	DDRE3\$				
CITY - S1 - 7IP				34 CITY-		ZIP	***************************************			
l litt			☐ DELETE	4 1 1171.					☐ Change	☐ Addition
NAME STHEFT ADDRESS				4.2 NAME		ODRESS				
CITY ST ZIP				4.4 C/TY-				•		
100			DELETE	5 1 TiTLE					☐ Change	☐ Addition
NAME				5 2 NAME						
STREET ADDRESS				5 3 STREE		i i				
CITY-ST ZIP			☐ DELETE	5.4 CITY-		ZIP				TT Addition
TITLE NAME				6.1 TITLE 6.2 NAME					☐ Change	☐ Addition

64 City St. 2iP

14. It 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)(k), 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 certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desyrum Proce

63 STREET ADDRESS 64 CITY-ST-ZIP

STREET ADDRESS