

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  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000057870 (4)**

1. Corporation Name

**ULTIMA LIMOUSINE SERVICE, INC.**

Principal Place of Business

Mailing Address

7624 FARMLAWN DRIVE  
PORT RICHEY FL 34668

7624 FARMLAWN DRIVE  
PORT RICHEY FL 34668



2. Principal Place of Business

21 Suite Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 1056

Suite, Apt #, etc

27 City & State

28 Port Richey, FL 34673-1056

Zip

29 Country

30 U.S.A.

3. Date Incorporated or Qualified  
**07/26/1995**

3a. Date of Last Report

4. FEI Number

59-3329322

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 has liability for intangible tax under s. 190.03? Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

ADDRESSI, MICHAEL V  
% NETWORK BUSINESS SOLUTIONS, INC.  
8823 REGENCY PARK BLVD.  
PORT RICHEY FL 34668

81 Name

Mark Lauer

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

P.O. Box 1056, 7624 Farmland Drive

83

84 City

Port Richey, FL

FL 34668

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

*Mark S Lauer* Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instatement)

*7/3/96* Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT, Secretary & Treasurer  
NAME Mark Lauer  
STREET ADDRESS P.O. Box 1056  
CITY-ST-ZIP Port Richey, FL 34668

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change  Addition

7624 Farmland Drive  
Port Richey, FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500001893915  
-07/16/96--01014--040  
\*\*\*225.00

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)(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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mark S Lauer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/17/96* *813 845-4648* *7/17/96*

CR2E034 (3/96)