

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068289 (4)
1. Corporation Name
AIRPORT LIMO, INC.



Principal Place of Business 7917 S.W. 5TH STREET NORTH LAUDERDALE FL 33068	Mailing Address 7917 S.W. 5TH STREET NORTH LAUDERDALE FL 33068
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7917 SW 5th ST Suite, Apt. #, etc. 22 City & State 23 North Land. FL. Zip 24 33068		2a. Mailing Address 26 7917 SW 5th ST Suite, Apt. #, etc. 27 City & State 28 N. Lauderdale FL. Zip 29 33068		3. Date Incorporated or Qualified 09/05/1995	
Country 25 U.S.A.		Country 30 U.S.A.		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		9. Name and Address of Current Registered Agent STENNETT, LEON 7917 S.W. 5TH STREET NORTH LAUDERDALE FL 33068		\$5.00 May Be Added to Fees	

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENNETT, LEON	1.2 NAME	
STREET ADDRESS	7917 S.W. 5TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLIN, LILA	2.2 NAME	
STREET ADDRESS	7917 S.W. 5TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ Lila Sterlin 4/10/98 854 733 4160

CR2E034 (10/97)