

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000074301 (9)

1. Corporation Name
FLORIDIAN LIMOUSINE, INC.



Principal Place of Business 2124 NE 11TH AVE FT LAUDERDALE FL 33305 Suite N#218 Ft. Lauderdale, FL	Mailing Address 2124 NE 11TH AVE FT LAUDERDALE FL 33305-2244 Suite N#218 Ft. Lauderdale, FL
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2. Principal Place of Business 21 4631 NW 31 AVE 33309 Suite, Apt. #, etc. 22 Suite 218 City & State 23 Ft. Lauderdale, FL 33309 24	2a. Mailing Address 26 4631 NW 31 AVE 33309 Suite, Apt. #, etc. 27 Suite 218 City & State 28 Ft. Laud, FL 33309 29
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3. Date Incorporated or Qualified 09/22/1995	3a. Date of Last Report 08/05/1996
4. FEI Number 65-0611663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
--BAILEY DOUGLAS N-- BAILEY, SAMUEL D
2124 NE 11TH AVE 4631 NW 31 Ave
FT LAUDERDALE FL 33305 Ste 218
Ft. Laud, FL 33309

10. Name and Address of New Registered Agent
81 Name
Bailey, Samuel D
82 Street Address (P.O. Box Number is Not Acceptable)
4631 NW 31 Ave Ste 218
83
84 City
Ft. Lauderdale FL 85 Zip Code
33309

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 *Samuel D. Bailey* Samuel D. Bailey, Director 4/29/97
Signature, typed or printed name of registered agent and title, if applicable. (No. 11. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY DOUGLAS N X	
STREET ADDRESS	2124 NE 11TH AVE X	
CITY-ST-ZIP	FT LAUDERDALE FL 33305 X	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, SAMUEL D	
STREET ADDRESS	4631 NW 31 AVE, APT. 1001 X	
CITY-ST-ZIP	FT LAUDERDALE FL 33305 X	
TITLE		<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Bailey, Samuel D
2.4 CITY-ST-ZIP	4631 NW 31 Ave Suite 218 Ft. Lauderdale, FL 33309
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do 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 *Samuel D. Bailey* (954) 789-0002

CR2E034 (9/96)