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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000092748 (9)**

1. Corporation Name
GLAMOROUS LIMOUSINE CORPORATION

Principal Place of Business	Mailing Address
8102 W. OKEECHOBEE ROAD HIALEAH GARDENS FL 33016	8102 W. OKEECHOBEE ROAD HIALEAH GARDENS FL 33016-2113

3. Date Incorporated or Qualified: 12/06/1995
3a. Date of Last Report: 07/01/1996

2. Principal Place of Business	2a. Mailing Address
21 8100 W. OKEECHOBEE ROAD	26 8100 WEST OKEECHOBEE ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH GARDENS, FL	City & State 28
Zip / Country 24 33016 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0651683 ☑ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHAAD, CHARLES F 8102 WEST OKEECHOBEE ROAD HIALEAH GARDENS FL 33016	81 Name: SCHAAD, CHARLES F. 82 Street Address (P.O. Box Number is Not Acceptable): 8100 WEST OKEECHOBEE ROAD 83 84 City: HIALEAH GARDENS FL 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: Charles F. Schaad Jr. VD — 4-18-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SCHAAD, ALINA	1.2 NAME	SCHAAD, ALINA
STREET ADDRESS	8102 W. OKEECHOBEE ROAD	1.3 STREET ADDRESS	8100 WEST OKEECHOBEE ROAD
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	1.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	VD ☐ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	SCHAAD, CHARLES F	2.2 NAME	SCHAAD, CHARLES F.
STREET ADDRESS	8102 W. OKEECHOBEE ROAD	2.3 STREET ADDRESS	8100 WEST OKEECHOBEE ROAD
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	2.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Charles F. Schaad — SIGNATURE REQUIRED — 4-18-97 — 305-558-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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