


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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90052 048 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000002496**

1. Corporation Name  
**J & M LIMOUSINES, INC.**

Principal Place of Business  
**10498 SPRING HILL DRIVE**  
**SPRING HILL FL 34608**

Mailing Address  
**10498 SPRING HILL DRIVE**  
**SPRING HILL FL 34608**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10548 Spring Hill Dr</b>		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>01/09/1996</b>		4. FEI Number <b>59-3352952</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 City & State <b>Spring Hill FL</b>		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Zip <b>34608</b>		25 Country <b>USA</b>		29 Zip		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SCARANTINO, ROBERT J</b> <b>2512 GLENRIDGE DRIVE</b> <b>SPRING HILL FL 34609</b>					10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Robert J. Scarantino, Pres. Robert J. Scarantino DATE 1-25-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARANTINO, ROBERT	1.2 NAME	
STREET ADDRESS	2512 GLENRIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZILOTTI, JOSEPH	2.2 NAME	<b>CESIRO, DORA F.</b>
STREET ADDRESS	10244 HOOVER STREET	2.3 STREET ADDRESS	<b>11462 CHALK FARM RD</b>
CITY-ST-ZIP	SPRING HILL FL 34609	2.4 CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZILOTTI, NANCY	3.2 NAME	<b>ANTHONY CESIRO</b>
STREET ADDRESS	10244 HOOVER STREET	3.3 STREET ADDRESS	<b>11462 CHALK FARM RD</b>
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARANTINO, FLORENCE	4.2 NAME	
STREET ADDRESS	2512 GLENRIDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Robert J. Scarantino, Pres. Robert J. Scarantino DATE 1-25-98 DAYTIME PHONE # (352) 688-2999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)