

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90267 001 ***150.00

DOCUMENT # P96000017666

1. Corporation Name

LIMOUSINE MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

~~10400 NW 53RD STREET~~
~~SUNRISE FL 33351~~

~~10400 NW 53RD STREET~~
~~SUNRISE FL 33351~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

65-0644960

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 P O BOX 9863

27 City & State

23 CORAL SPRINGS FL

28 City & State

24 Zip Country

29 Zip Country

33075-0863

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTHMAN, DAVID

~~10400 NW 53RD STREET~~

~~SUNRISE FL 33351~~

81 Name

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

C/O 2800 W. OAKLAND PARK BLVD STE 109

83

84 City
FT LAUDERDALE

FL

85 Zip Code
33311

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

Signature, typed 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 PSD ☐ DELETE

NAME ROTHMAN, DAVID

STREET ADDRESS ~~10400 NW 53RD STREET~~

CITY-ST-ZIP ~~SUNRISE FL 33351~~

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME ROTHMAN, DAVID

1.3 STREET ADDRESS P O BOX 9863

1.4 CITY-ST-ZIP CORAL SPRINGS FL 33075-0863

TITLE S/T ☐ DELETE

NAME ZAMBITO, JACQUELYN

STREET ADDRESS ~~10400 NW 53RD STREET~~

CITY-ST-ZIP ~~SUNRISE FL 33351~~

2.1 TITLE S/T ☒ Change ☐ Addition

2.2 NAME ZAMBITO, JACQUELYN

2.3 STREET ADDRESS P O BOX 9863

2.4 CITY-ST-ZIP CORAL SPRINGS FL 33075-0863

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/99

Daytime Phone #

CR2E034 (11/98)