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May 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031399 (4)

1. Corporation Name

ALPHA LIMOUSINE, INCORPORATED

Principal Place of Business

P.O. BOX 223605
HOLLYWOOD FL 33022

Mailing Address

P.O. BOX 223605
HOLLYWOOD FL 33022-3605



3. Date Incorporated or Qualified

04/10/1996

3a. Date of Last Report

4. FEI Number

65-0651956

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CHALK, ZIMBALIST F
1231 S.W. 88TH AVENUE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME CHALK, ZIMBALIST F
STREET ADDRESS 1231 S.W. 88TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE VSD
NAME STAPLES, DONNA E
STREET ADDRESS P.O. BOX 4143 N/A
CITY-ST-ZIP WEST HOLLYWOOD FL 33083-4143

TITLE D
NAME CHALK, JOHN W
STREET ADDRESS P.O. BOX 8
CITY-ST-ZIP CLARENCE LA 71414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP N/A

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP N/A

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP N/A

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/97

954-128-3400

Date

Daytime Phone #

CR2E034 (9/96)