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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P96000037802 (1)

1. Corporation Name
CONTINENTAL LIMOUSINE SERVICE, INC.

Principal Place of Business	Mailing Address
~~9440 POINCIANA PLACE~~ APT. 111 FT. LAUDERDALE FL 33324	9440 POINCIANA PLACE APT. 111 FT. LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 8930 STATE ROAD 84	26 8930 STATE ROAD 84
Suite, Apt. #, etc. 22 # 224	Suite, Apt. #, etc. 27 # 224
City & State 23 DAVIE, FL	City & State 28 DAVIE, FL
Zip / Country 24 33324 / 25 US	Zip / Country 29 33324 / 30 US

4. FEI Number: 65-0661480 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRUCKER, WARREN ~~9440 POINCIANA PLACE~~ APT. 111 FT. LAUDERDALE FL 33324	81 Name: DRUCKER, WARREN 82 Street Address (P.O. Box Number is Not Acceptable): 8930 STATE RD. 84 # 224 83 84 City: DAVIE FL 85 Zip Code: 33324

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	WARREN DRUCKER	☒ Change ☐ Addition
NAME	DRUCKER, WARREN		1.2 NAME	CONTINENTAL LIMOUSINE SERVICE, INC.	
STREET ADDRESS	9550 POINCIANA PLACE, APT. 111		1.3 STREET ADDRESS	8930 STATE ROAD 84, # 224	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	DAVIE, FL 33324	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
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		

CR2E034 (10/97)

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.

SIGNATURE: SIGNATURE REQUIRED WARREN DRUCKER 1/29/98 (954) 472-1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0292617