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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000058246 (5)

GO BY LIMO, INC.

FILED Apr 04 1997 8:00am Secretary of State



Principal Place 1450 N.W. 1ST BOCA RATON	AVENUE	Mailing Address 1450 N.W. 1ST AVENUE 80CA RATON FL 33432					
					3. Date Incorporated or Qualified 07/11/1996	3a. Date of La	ast Report
2. Principal Pa	iace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For	
21		26			Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zφ	Country	Zip	Coun	try	8. This corporation has liability fo		jer s. 199.032,
24	9. Name and Address of Curre	29 ant Registered Agent	30	, , ,	Florida Statutes 10. Name and Address of New R	Yes No	
AII ILA	RDOCH, RICHARD A	The troglosofted Pigoth		Name.	0 1	7	
980 NORTH FEDERAL HIGHWAY #410				82) Street Andress (P.O. Box Number is Not Acceptable)			
,	CA RATON FL 33432		ľ	195	ONW.	Treme	ļ
			T ⁻	33			
-			1	City Bol	a Rate FC	FL 85	Zip Code 23432
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the ab	nya-namen cor	poration submits this statement for the	nurrose of changi	no its registered
office of #i agent. I ai	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607,0 3 0571	rautborized Iorida Statu	by the corpora tes.	ation's board of directors. I hereby account	apt the appointmen	it as registered
	Stgrature typical or prating name of registered a	1 ////			7	2697	
	Storation, typiid or printed name of registered a	gent and title if applicable (NO		Agent signature regu	user when reinstating)	DATE	YORG ILLIC
TOLE	OFFICERS AND DIRECTORS DELETE		13.	F	ADDITIONS/CHANGES TO OFF	Cha	
NAME	CUNNINGHAM, P R	LL - LCC/C	1.2 NAM				go naonion
STREET ADDRESS	1450 N.W. 1ST AVENUE			EET ADDRESS			
CiTY-\$1-7(P	BOCA RATON FL 33432		1.4 CITY	/-ST-ZIP			
TITLE		☐ DELETE	2.1 TITL	E		☐ Cha	inge Addition
NAME			2.2 NAM	NE			
STREET ADDRESS			2.3 STR	EET ADDRESS			ı
City-St-ZiP	No.			Y-ST-ZIP			1 4 4 4 2 1
TITLE	j. J		31 111)		Cha	ange L. Addition
NAME CLOSEL ADDRESS			3.2 NAM	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			1	Y-ST-ZIP			
111.E		☐ DELETE	4.1 TITL			Cha	nge Addition
MALEE		-	4. 2 NA	VIE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-S1-ZIP		·····	4,4 CIT	(-ST-ZIP			
TITLE		☐ DELETE	5.1 1811			☐ Cha	inge 🔲 Addition
NAME			5.2 NA	j			
STREET ACORESS			1	EET ADDRESS			
CITY-SI-7IP		heirer		(-ST-ZIP		1100	non TAddis
TITLE		☐ DELETE	6.1 TITU			Cha	ange 🗌 Addition
NAME			6.2 NAN				
STREET ADDRESS				EET ADDRESS			
City St-ZIP		71. IL. 200	6.4 CIT	-ST-ZIP	die Seelies 110 07/07/3 Fleride Cret		

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: