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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000058246 (5)

FILED Apr 21 1998 8:00am Secretary of State

GO BY	LIMO, INC.			
Principal Place	e of Business	Mailing Address		n indicitude sea statem anne addit dater dann gane entat tals indicates des sant date
1450 N.W. 1ST AVENUE 1450 N.W. 1ST AVENUE BOCA RATON FL 33432 BOCA RATON FL 33432				DO NOT WRITE IN THIS SPACE
]				3. Date Incorporated or Qualified
				07/11/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 65-0143086 Applied For
21		26		APP IED FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	g, Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered Agent
CUNNINGHAM, P. RODNEY			DI Mame	
1450 NW 1ST AVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
BO	CA RATON FL 33432		83	
			63	
			84 City	85 Zip Code
44 5	40-10-10-10-10-10-10-10-10-10-10-10-10-10	0 1 007 11 00 11		FL S 25 556
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized by the corporati orida Statutes.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age		E Registered Agent signature requir	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TrTLE	Change Addition
RAME	CUNNINGHAM, P R		1.2 NAME	
STREET ADDRESS	1450 N.W. 1ST AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE			2.1 TITLE	Change Appendi
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CHY-ST-ZIP TITLE	ļ -	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME		C ottit	3 2 NAME	List of state of the state of t
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 ADORESS			4.3 STREET ADDRESS	
CITY-ST-Z#P			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	

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.