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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

A NEGRECO AND ADDIA OPEN ABON BOOM DESIGNATION STATE TOURS AND AND ADDITIONS

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058306 (7)

ADORABLE LADIES LIMO COMPANY

Principal Place 13400 S MILI DELRAY BEAC			Mailing Address 13400 S MILITARY TRAIL DELRAY BEACH FL 33484-1346					
						3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report	
2. Principal I	Place of Business	2a. Mailing Address		*********		4. FEI Number	Applied For	
21		26					Not Applical	ble
Suite Apt	: #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ile	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip Country		Zip	Count	ntry		8. This corporation has liability for i		
24]	25	29	30	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
1/4	9. Name and Address of Cur	rent Hegistered Agent		1 Nam		10. Name and Address of New Re	gistered Agent	
	RNEY, STEVEN		L					
	100 S MILITARY TRAIL LRAY BEACH FL 33445		82 Street Add		et Addres	dress (P.O. Box Number is Not Acceptable)		
	LIMI DENOITE GOTTO		ē	3				
			L	4 City		***************************************	10-1 - 0 -	
-			- 1				FL 85 Zip Code	
agentia	Ltu the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob	0502 and 607.1508, Florida Statuale of Florida. Such change was bligations of, Section 607.0505, F	utes, the abo authorized forida Statut	ove-name by the co es.	ed corpor orporation	ation submits this statement for the p n's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	be k
SIGNATURE	Signatine Typed or printed name of registered	agent a id title if applicable (NC	It: Registered A	igent signati	ure required	when reinstating)	DATE	
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE				Change Additi	ion
NAME	KARNEY, STEVEN		1.2 NAM					
STREET ADDRESS	10110 0 1110011111111111111111111111111			ET ADDRESS	s			
C:TY - ST - ZIP	DELRAY BEACH FL 33445	DELETE	1.4 CITY 2.1 TITLE	- ST - ZIP			Change Additi	ioo
NAME	KARNEY, SCOTT	tall bittir	2.1 ITILE 2.2 NAM				L. Change L. Audili	1011
STREET ADDRESS		A MUSTARY TRAN		TREET ADDRESS		•		
CHY+SI+ZIP	DELDAY DEAGUE A AGAIS			-ST-ZIP	`). La	W.	,
TITLS	D	DELETE 3.1 TO			1		Change Additi	ion
NAMÉ	TREASE, PAULA		3.2 NAM	E				
STREET ADDRESS	13400 S MILITARY TRAIL		3.3 STRE	et address	s			1
C(TY - S1 - ZIP	DELRAY BEACH FL 33445			-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE			•	Change Additi	ion
NAME			4. 2 NAN				r", 1	
STREET ADDRESS				ET ADDRESS	S		11/1/4 (
CITY ST ZIP		DELETE	4.4 CITY 5.1 THILE				Change Additi	
NAVE		□ occur	5.1 IFILE 5.2 NAM				Li Grænge Li Additi	:OH
STREET ADDRESS				et address				
CITY - ST - ZIP			5.4 CITY					
TITLE	1	DELETE	6 1 TITLE				Change Additi	ion
NAME			6.2 NAM			10000214 -04/11/970109	1U51***********************************	
STREET ADDRESS				 Et adoress	s	***495.00	10041	
0.707 63 366	}					ででですコン・UU		

14. Ho hereby certly 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.