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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069949

1. Corporation Name

DE ELEGANCE LIMOUSINES, INC.

Principal Place	e of Business	Mailing Addre	ess		-					
5042 CALLE DE		5042 CALLE DI				ļ				
ORLANDO FL 32819 ORLANDO FL 32819					DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualit	ed		
							08/22/1996			
2. Principal P	lace of Business	2a. Mailing Ad	dress				FEI Number		Ap	plied For
21		26				- 1	59-3398440		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			5.	Certifcate of Status Desired	ı 🗆	\$8.75 A	
City & Stat	e	City & Sta	ıte			6.	Election Campaign Financia	ng 🗆	\$5.00 Added t	,
Zip	Country	Zip	30	Country	y	8.	This corporation owes the o	current year	Intangible	□No
24	9. Name and Address of Curre	29 29 Agertared Ager		<u>'</u>		10	Name and Address of Ne	w Registere		
	5. Name and Address of Cure	ent Registered Agor	**	81	Name				<u> </u>	
PATI	EL, JAYESH V				L					
5042 CALLE DE SOL				82	Street A	ddress (P	.O. Box Number is Not Acco	eptable)		
ORL	ANDO FL 32819			83	3					
					<u> </u>				. 85 Zip (n
	•			84	City				. 85 Zip (Joae
		500 L007 4500 FI					submits this statement for	F the purpose	L	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such ch gations of, Section 60	ange was auth 17.0505, Florida	the above norized by a Statute:	ve-named or the corpores.	ation s bo	ard or directors. I hereby ac	the purpose cept the app	of changing its	registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	te of Florida, Such ch gations of, Section 60 gent and title if applicable.	ange was auth 17.0505, Florida	the above to the control of the cont	/e-named co	ation s Do	einstating)	the purpose cept the app	of changing its pointment as re	registered gistered
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office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A TVP PATEL, KUNJALATA V	te of Florida. Such ch gations of, Section 60 gent and title if applicable. AND DIRECTORS	ange was auth)7.0505, Florida (NOTE: Re	the above norized by a Statute: egistered Age 13. 1.1 TITLE 1.2 NAME	ve-named or the corpor s.	ation s Do	einstating)	the purpose cept the app	of changing its pointment as re-	registered gistered
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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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF

Change

☐ Change

☐ Addition

☐ Addition

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90134 043 ***150.00