

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072144 (4)

1. Corporation Name
BROWARD LIVERY SERVICE, INC.



Principal Place of Business
4131 NORTHWEST 8 STREET
COCONUT CREEK FL 33066

Mailing Address
4131 NORTHWEST 8 STREET
COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1986
3a. Date of Last Report

2. Principal Place of Business
21 1831 S. Dixie Hwy
Suite, Apt. #, etc.

2a. Mailing Address
26 1831 S. Dixie Hwy
Suite, Apt. #, etc.

4. FEI Number 65-0690637
Applied For
Not Applicable

22 City & State
23 Pompano Beach

27 City & State
28 Pompano Beach

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

24 Zip 33060 Country Broward

29 Zip 33060 Country Broward

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

25 Broward

30 Broward

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name Timothy L. Steinkamp
82 Street Address (P.O. Box Number is Not Acceptable)
4131 NW 8 St.
83
84 City Coconut Creek FL 85 Zip Code 33066

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-15-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STEINKAMP, TIMOTHY L
STREET ADDRESS 4131 NORTHWEST 8 STREET
CITY-ST-ZIP COCONUT CREEK FL 33066

1.1 TITLE D/P
1.2 NAME SAME AS LEFT
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME STEINKAMP, PATRICIA D
STREET ADDRESS 4131 NORTHWEST 8 STREET
CITY-ST-ZIP COCONUT CREEK FL 33066

2.1 TITLE D/V/S/T
2.2 NAME SAME AS LEFT
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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
SIGNATURE REQUIRED

7-15-97 954-741-7641

CR2E034 (4/97)