

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

FILED
Jun 11 1998 8:00am
Secretary of State

DOCUMENT # P97000009284 (5)

1. Corporation Name

ROBERT'S PERSONAL CHAUFFEUR SERVICE, INC.



Principal Place of Business

480 BELLINI CIRCLE
NOKOMIS FL 34275

Mailing Address

480 BELLINI CIRCLE
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0723473

Applied for
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BARON, ROBERT G
480 BELLINI CIRCLE
NOKOMIS FL 34275

81 Name

LES GARDI CPA

82 Street Address (P.O. Box Number is Not Applicable)

7081 S. TAMiami TRAIL

SARASOTA, FL. 34231-5559

84 City

(941) 925-2099

FL

85 Zip Code

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]

Signature of the president, officer, or authorized agent of the corporation

(NOTE: Registered Agent signature required when resigning)

4/30/98
DATE

12. OFFICERS AND DIRECTORS

TITLE P.T.D.
NAME Baron Robert G
STREET ADDRESS 480 Bellini
CITY-ST-ZIP NOKOMIS FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE

[Signature]

4/30/98

CR2E034 (10/97)