


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

FILED  
May 08 1998 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
|---|--|---|--|
| <b>DOCUMENT # P97000014867</b><br>1. Corporation Name<br><b>ROCKEFELLER LIMO OF FLORIDA, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>859 Tanbark Drive, #102<br/>Naples, Florida 34108</b>   |  | Mailing Address<br><b>859 Tanbark Drive, #102<br/>Naples, Florida 34108</b>   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 28. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country  |  |
| 3. Date Incorporated or Qualified<br><b>02/13/97</b>  |  | 4. FEI Number<br><b>59-3462630</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br>Not Applicable   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | \$8.75 Additional<br>Fee Required   |  |
| 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | \$5.00 May Be<br>Added to Fees  |  |
| 9. Name and Address of Current Registered Agent<br><b>Brian R. Glynn, Jr.<br/>1689 Villa Court<br/>Marco Island, Florida 34145</b>  |  | 10. Name and Address of New Registered Agent<br>81 Name<br><b>Bruce Cronnelly</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>859 Tanbark Drive, #102</b><br>83<br>84 City<br><b>Naples,</b> FL 85 Zip Code<br><b>34108</b>  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered<br>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<br>agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |  |   |  |
| SIGNATURE: <i>Bruce Cronnelly</i> (INC-11: Registered Agent signature required if not on reinstating) DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP<br>21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP<br>31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP<br>41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP<br>51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP<br>61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>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<br>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<br>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<br>Block 12 or Block 13 if changed, or on an attachment with an address. |  | 400002517644<br>-05/08/98--01092--040<br>***150.00  |  |
| SIGNATURE: <i>Bruce Cronnelly</i>   |  |   |  |

CR2E034 (10/97)