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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044681 (9)

FILED Apr 29 1998 8:00am Secretary of State

MILLENNIUM LIMOUSINE SERVICE. INC. Principal Place of Business Mailing Address P.O. BOX 25104 P.O. BOX 25104 TAMPA FL 33622 TAMPA FL 33622 DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 05/20/1997 Place of Business
N. WESTSHORE BIN 24. Mailing Address 26 PO BOZ Applied For 0-3478471 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be FL FL. TONDO 28 Trust Fund Contribution Added to Fees ²¹33622 Country Country 8. This corporation owes or has paid the current year Intangible 25 HUSBOLD HOUSEON 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name (siselle GAY, GISELLE M 5002 W. LAUREL ST., #201 Street Adding 82 **TAMPA FL 33607** 83 84 33607 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 Torida. 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Caselle M. Gay 1408 N. Westshore Blud 12 NAME GAY, GISELLE M NAME 5005 W. LAUREL ST. #201 1.3 STREET ADDRESS STREET ADDRESS Trompo, FL 33601 TAMPA FL 33607 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE JUNN W. PARKER, NAME 2.2 NAME 1408 N. WESTSHORE BIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA, PL 33607 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE WELLIAMS NAME 3.2 NAME 408 N. Westshore BIVD STREET ADDRESS 3.3 STREET ADDRESS PL 33601 trompo, CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME BIND 1408 N. WESTSHULE STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change __ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP

14. Thereby certify that the information supplied with this filling 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 arrival 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 trusted on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes of the corporation or the receiver or trusted on the power of the corporation of the receiver or trusted on the corporation of the receiver of of the recei

SIGNATURE:

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