

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 OCT 27 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0070855

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000055149 (3)

1. Corporation Name
P'ZAZZ LIMOUSINE, INC.



Principal Place of Business: 2000 PALM BEACH LAKES BLVD., #205 WEST PALM BEACH FL 33409
 Mailing Address: 2000 PALM BEACH LAKES BLVD., #205 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1997**

4. FEI Number: **65-0819103**

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

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22

City & State: 23

Zip: 24

Country: 25

27: Suite, Apt. #, etc.

28: City & State

29: Zip

30: Country

9. Name and Address of Current Registered Agent

METZ, JOHN D
 2000 PALM BEACH LAKES BLVD., #205
 WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

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

83: 000002676960-4
 -10/30/98--01076--004

84 City: ****550.00 85**300.00
FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **METZ, JOHN D**

STREET ADDRESS: **2000 PALM BEACH LAKES BLVD., #205**

CITY-ST-ZIP: **WEST PALM BEACH FL 33409**

TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: _____ **REQUIRED**

72-98

CR2E034 (5/98)