

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
• AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90001 017 \*\*\*150.00

DOCUMENT # **P97000078684**

1. Corporation Name

**MANHATTAN TRANSFER LIMOUSINE, INC.**



Principal Place of Business

4125 S CLEVELAND AVE  
STE 22  
FT. MYERS FL 33901  
US

Mailing Address

4824 S.W. 23RD AVE.  
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/10/1997**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0779956**

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEROUEN, SHELLY A**  
**1953 COLONIAL BLVD.**  
**FT. MYERS FL 33907**

81 Name

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

83

84 City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **LO SAURO, VALENTINO J**  
STREET ADDRESS **4824 S.W. 23RD AVE.**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **LO SAURO, ANDREA**  
STREET ADDRESS **4824 S.W. 23RD AVE.**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **TINAMORE, JAMI A**  
STREET ADDRESS **4824 S.W. 23RD AVE.**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **V** ☐ DELETE  
NAME **TINAMORE, ANTHONY J**  
STREET ADDRESS **4824 S.W. 23RD AVE.**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (5/99)

0098863

**TRI-COUNTY ACCOUNTING & TAX SERVICES, INC.**



1953 Colonial Blvd. ♦ Ft. Myers, FL 33907  
Phone (941) 275-0234 ♦ Fax (941) 275-4553

590061-90001-17  
997000078684

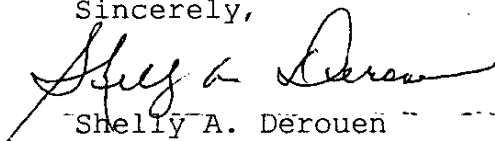
July 06, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: MANHATTAN TRANSFER, INC.

Please find enclosed a check for \$150.00 for the above listed Corporation. We have received 2nd notices, however, the above has never received a first notice. Would you please waive any fees and allow them to remain incorporated with payment of \$150? Your cooperation is greatly appreciated.

Sincerely,

  
Shelly A. Derouen