CR2E034 (5/98)

SECON NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998, AMOUTH GOOD ON BEDIGRETINES SER JEPSOLVEN BENEVIAL STRIPE. PROPRIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # P97000084414 (6) NEW TOP HAT LIMOUSINE SERVICE, INC. Principal Place of Business Making Address DVISION OF CORPORATIONS DISSOLVEN BENEVIAL STRIPE AND S				e en	
PROPITION ANNUAL REPORT 1998 DOCUMENT # P97000084414 (6) NEW TOP HAT LIMOUSINE SERVICE, INC. Principal Place of Business Mailing Address Z2: SW 280 CT PLANTATION F, 35317 PRINCIPAL STATE Solution April, etc. 22: Mailing Address Z2: Mailing Address Z2: Mailing Address Z2: SW 280 CT PLANTATION F, 35317 DOCUMENT # P97000084414 (6) NEW TOP HAT LIMOUSINE SERVICE, INC. Principal Place of Business Z2: SW 280 CT PLANTATION F, 35317 DO NOT WPITE IN THIS SPACE 3. Disto Incorporate or Guillifed SO/25/1937 April etc. Z2: Mailing Address Z3: Mailing Address Z4: Mailing Address Z5: SW 280 CT PLANTATION F, 35317 DO NOT WPITE IN THIS SPACE 3. Disto Incorporate or Guillifed SO/25/1937 April etc. Z5: SW 280 CT PLANTATION F, 35317 Solution April etc. Z6: SW 280 CT PLANTATION F, 35317 DO NOT WPITE IN THIS SPACE 3. Disto Incorporate or Guillifed SO/25/1937 April etc. Z6: SW 280 CT PLANTATION F, 35317 DO NOT WPITE IN THIS SPACE 3. Disto Incorporate or Guillifed SO/25/1937 April etc. Z6: SW 280 CT PLANTATION F, 35317 SCIENTIFY DO NOT WPITE IN THIS SPACE 3. Disto Incorporate or Guillifed SO/25/1937 April etc. Solid April et	AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).			APPROVED	
DOCUMENT # P97000084414 (6) NEW TOP HAT LIMOUSINE SERVICE, INC. Principal Place of Business	- PROFIT CORPORATION	Sandra B.	Mo?tham ⁴	,	o- 0-
NEW TOP HAT LIMOUSINE SERVICE, INC. Principal Place of Business 621 SW 2ND CT PLANTATION FL 33317 2. Principal Place of Business 622 SW 2ND CT PLANTATION FL 33317 2. Principal Place of Business 621 SW 2ND CT PLANTATION FL 33317 3. Date incorporated or Quasified 1923/1937 4. Expression 1924/1937 4. Expression 1924/1937 5. Carrifloste of Status Desired 1924/194/194/194/194/194/194/194/194/194/19	The state of the s	977/			
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Suite, Apt. #, etc.				09/29/1997	
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Zip		⊢ ''''		5. Certificate of Status Desired	• • • • • • • • • • • • • • • • • • • •
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LARKINS, GEORGE H JR. 6221 SW 2ND CT 82 Street Address (P.O. Box Number is Not Acceptable)		- 72210 F	ا رين ا		
Change Addition Change Change Change Addition Change		Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
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 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, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and manual control of 7.0505, Florida Statutes. Statute	6221 SW 2ND CT 82 Stree			oddress (P.O. Box Number is Not Acceptable)	
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 agent, a maintain with, and accept the obligations of, section 607.0505, Florida Statutes. SignATURE Signature, typed or private name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE D LARKINS, GEORGE H STREET ADDRESS CITYST-ZIP PLANTATION FL 33317 DELETE LARKINS, JACKLYNE STREET ADDRESS CITYST-ZIP PLANTATION FL 33317 DELETE D DELETE 2.1 TITLE D LARKINS, JACKLYNE STREET ADDRESS CITYST-ZIP PLANTATION FL 33317 DELETE D DELETE 2.1 TITLE D LARKINS, J.B. STREET ADDRESS CITYST-ZIP PLANTATION FL 33317 DELETE D DELETE 3.1 TITLE Change Addition Addition NAME LARKINS, J.B. STREET ADDRESS CITYST-ZIP PLANTATION FL 33317 DELETE D DELETE 3.1 TITLE Change Addition Addition NAME LARKINS, J.B. STREET ADDRESS CITYST-ZIP PLANTATION FL 33317 DELETE 3.1 TITLE Change Addition Addition Addition NAME STREET ADDRESS CITYST-ZIP TITLE DELETE Addition Addition Addition ALCHYST-ZIP TITLE DELETE Addition Addition Addition Addition Addition ALCHYST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition ALCHYST-ZIP TITLE DELETE 5.1 TITLE Change Addition Additio	- PLANTATION PL 3331/		83		
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D LARKINS, GEORGE H STREET ADDRESS 6221 SW 2ND CT PLANTATION FL 33317 DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 6221 SW 2ND CT PLANTATION FL 33317 DELETE D LARKINS, JACKLYNE STREET ADDRESS 6221 SW 2ND CT PLANTATION FL 33317 DELETE D NAME LARKINS, J.B. STREET ADDRESS 6221 SW 2ND CT PLANTATION FL 33317 DELETE 3.1 TITLE Change Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Add	SIGNATURE				
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14. I hereby 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 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:

SIGNATURE:

SIGNATURE OR PRINTED NAME OF SIGNING OFFICION OF DIRECTOR

Date Prom #

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6,1 TITLE

6.2 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change Addition