

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000089910

1. Corporation Name

ACE TAXI INC

Principal Place of Business

Mailing Address

837 Gamble St
Tallahassee, Fla 32310

2. Principal Place of Business

2a. Mailing Address

21 837 Gamble St

26 1928 Charlais St

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State
23 Tallahassee, Fla

27 City & State
28 Tallahassee, Fla 32311

24 32310 25 USA

29 32311 30 USA

9. Name and Address of Current Registered Agent

837 Gamble Street
Tallahassee, Fla 32310

81 Name
ACE TAXI INC

82 Street Address (P.O. Box Number is Not Acceptable)
1928 CHARLAIS STREET

83
84 City TALLAHASSEE FL 85 Zip Code 32311

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 *Clarice J. Woodward*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when first filing)

DATE

12. P OFFICERS AND DIRECTORS

11 TITLE [] DELETE

NAME *Clarice J. Woodward*
STREET ADDRESS *837 Gamble St*
CITY-STATE-ZIP *Tallahassee, Fla 32310*

12 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

14 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

15 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

16 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

400002894034
-06/03/99-0103-004
****150.00 ****150.00

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, with all other like empowered

SIGNATURE: *Clarice J. Woodward*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 3, 1999
Date

Daytime Phone #

6/3/99

APPROVED
AND
FILED

99 JUN -3 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/2097

4. FEI Number

59-3478277

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 Tax [] Yes [] No

10. Name and Address of New Registered Agent:

CR2E034 (11/98)

June 3, 1999

U, Clarice J. Woodward did not receive
my Corporation annual report.

Clarice J. Woodward