PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

05-08-1999 90046 032 ***150.00

DOCUMENT # P98000012858 1. Corporation Name

L & L LIMOUSINES, INC.



Mailing Address Principal Place of Business 1811 UNIVERSITY BLVD W 1811 UNIVERSITY BLVD W JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/09/1998 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 3493765 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible □No 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LAMEE, RICHARD F 82 Street Address (P.O. Box Number is Not Acceptable) 1811 UNIVERSITY BLVD W JACKSONVILLE FL 32217 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 67,8702 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 amiliar with agit accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE 1.2 NAME NAME Richard 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 2.1 TITLE Change (TITLE VIPAsite - Vice DAVID Leskie 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 10312 NACCOMA 2.4 CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE 3.1 TITLE Indesoruite, Fla 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition ☐ Change 5.1 TTTLE TITE F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information product report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 12 if change do you again.

SIGNATURE:

CR2E034 (11/98)