
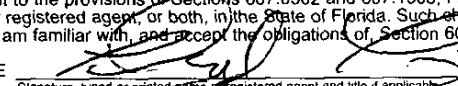


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90049 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name FIRST CLASS LIMOUSINES, INC.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 7782 Indigo St Suite, Apt. #, etc.		26 PO Box 4202 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Miramar FL 33023 Zip Country		28 Hollywood FL 33083 Zip Country	
24 33023 25		29 33083-4202 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Lloyd Lewis	
		82 Street Address (P.O. Box Number is Not Acceptable) 7782 Indigo St	
		83	
		84 City Miramar FL	
		85 Zip Code 33023	
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		DATE	
		5/10/99	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME V/S	
STREET ADDRESS		1.3 STREET ADDRESS Lloyd Lewis	
CITY-ST-ZIP		1.4 CITY-ST-ZIP 7782 Indigo St Miramar FL 33023	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME D	
STREET ADDRESS		2.3 STREET ADDRESS Constant Rosemond	
CITY-ST-ZIP		2.4 CITY-ST-ZIP 92 N.E. 90 St	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 TITLE EL PORTEL FL 33138	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99
Date

305 751-8700
Daytime Phone #

CR2E034 (11/98)