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 # P98000035746

1. Corporation Name

DELUXE LIMOBUS SERVICE, INC.

Principal Place of Business
5515 GRANT STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

SHORT, DAVID 5515 GRANT STREET HOLLYWOOD FL 33021

Suite, Apt. #, etc.

City & State

21

22

23

Zip 24

Mailing Address

5515 GRANT STREET HOLLYWOOD FL 33021

2a. Mailing Address

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90056 017 ***150.00 03-02-1999 90056 018 *****8.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/17/1998 4. FEI Number 1.5-0828632 Applied For Not Applicable

[20]					U 2 U 0 U 0 U 2 U 1			
etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	□	\$8.75 Additional Fee Required	
	City & State				Election Campaign Financing Trust Fund Contribution	₽	\$5.00 May Be Added to Fees	
			untry		This corporation owes the curr Personal Property Tax.	ent year l	ntangible ☐ Yes	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
T. David			81	Name				
GRANT STREET			82	Street Address (P.O. Box Number is Not Acceptable)				
/WOOD FL 33021			83					

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.

City

SIGNATURE	DAVID SHORT President								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE					
TITLE	D	☐ DELETE	1.1 TITLE	President	Change	Addition			
NAME	Short, David		1.2 NAME	DAVID SHORT SR.		`			
STREET ADDRESS	5515 GRANT STREET		1.3 STREET ADDRESS	5515 GRANTST		ſ			
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	HOLLYWOOD, PL. 33021	 				
TITLE	D	☐ DELETE	2.1 TITLE	Linda Short	Sec, Week.	Addition			
NAME	SHORT, LINDA		2.2 NAME	Linda Short	,	ĺ			
STREET ADDRESS	5515 GRANT STREET		2.3 STREET ADDRESS	CEIC CRONT ST.					
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	Hollywood FL. 33021					
TITLE		☐ DELETE	3.1 TITLE	<i>(</i>)	Change	☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		•				
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		Change	Addition			
NAME			5.2 NAME	-					
STREET ADDRESS			5.3 STREET ADDRESS		1				
CITY-ST-ZIP			54 CMY-ST-ZIP		·				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS	•					
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
44 Charabara	netific that the information expedied with	this filing dose not qualify for th	e evemntion stated	Lin Section 119.07(3)(i). Florida Statutes. I furth	er certify that the in	tormation			

indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes. 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 of 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 attachment with an address, with all other like empowered. officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

Daytime Phone #

Zip Code

85