


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90060 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000038344

1. Corporation Name
THE LIMOBUS COMPANY



Principal Place of Business 1257 SPRING CIRCLE DRIVE CORAL SPRINGS FL 33071	Mailing Address 1257 SPRING CIRCLE DRIVE CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

2. Principal Place of Business 21 10860 SW 1st Ct Suite, Apt. #, etc.	2a. Mailing Address 26 10860 SW 1st Ct Suite, Apt. #, etc.
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4. FEI Number 65-0834561	Applied For Not Applicable
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22	27
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Coral Springs, FL City & State	28 Coral Springs, FL City & State
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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33071 Zip	25 USA Country	29 33071 Zip	30 USA Country
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8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOALE, JAMES C
1257 SPRING CIRCLE DRIVE
CORAL SPRINGS FL 33071

81 Name Toale, James C.	82 Street Address (P.O. Box Number is Not Acceptable) 10860 SW 1st Ct	83	84 City Coral Springs	85 Zip Code FL 33071
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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

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

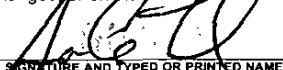
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOALE, JAMES C		1.2 NAME Toale, James C.	
STREET ADDRESS 1257 SPRING CIRCLE DRIVE		1.3 STREET ADDRESS 10860 SW 1st Ct	
CITY-ST-ZIP CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP Coral Springs, FL 33071	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
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:

 James C. Toale, 5/1/99, 954-796-2524
Date Daytime Phone #

CR2E034 (11/98)