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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000059764

1. Corporation Name

RITA CALLS EXECUTIVE SEDAN SERVICES, INC.



Principal Place of Business

**102 SLEEPY HOLLOW DR.
W. PALM BCH FL 33415**

Mailing Address

**102 SLEEPY HOLLOW DR
W. PALM BCH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/06/1998

4. FEI Number

65-0848673

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

2. Principal Place of Business

21 208 S. Lakeside Dr

Suite, Apt. #, etc.

22 Apt #101

City & State

23 Lake Worth, FL

Zip Country

24 33460 25 Palm Beach

2a. Mailing Address

26 208 S. Lakeside Dr

Suite, Apt. #, etc.

27 Apt #101

City & State

28 Lake Worth, FL

Zip Country

29 33460 30 Palm Beach

9. Name and Address of Current Registered Agent

**CALL, RITA
102 SLEEPY HOLLOW DR.
W. PALM BCH FL 33415**

10. Name and Address of New Registered Agent

81 Name

Call, Rita

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

208 S. Lakeside Drive

83

Apt #101

84 City

Lake Worth

FL

85 Zip Code

33460

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

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

NOTE: Registered Agent signature required when reinstating

DATE

3-14-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CALL, RITA**
STREET ADDRESS **102 SLEEPY HOLLOW DR.**
CITY-ST-ZIP **W. PALM BCH FL 33415**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D.** ☒ Change ☐ Addition

12 NAME **Call, Rita**
13 STREET ADDRESS **208 S. Lakeside Drive**
14 CITY-ST-ZIP **Lake Worth, FL 33460**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Rita Call
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99

Date

561/582-0839

Daytime Phone #

CR2E034 (11/98)