

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90005 016 ***150.00

DOCUMENT # S14843

1. Corporation Name

AIRLINE TAXI & LIMO OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1540 PORT AVENUE NAPLES FL 34104 US		Mailing Address 1540 PORT AVENUE NAPLES FL 34104 US	
2. Principal Place of Business 21 900 6TH AVENUE SOUTH Suite, Apt. #, etc. 22 SUITE #201 City & State 23 NAPLES FLORIDA Zip Country 24 34102 25 U.S.A.		2a. Mailing Address 26 7720 TARA CIRCLE Suite, Apt. #, etc. 27 APT # 107 City & State 28 NAPLES FLORIDA Zip Country 29 34104 30 U.S.A.	
3. Date Incorporated or Qualified 11/20/1990		4. FEI Number 65-0264693	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AIRLINE TAXI & LIMO 1540 PORT AVE SUITE 2 NAPLES FL 34104		10. Name and Address of New Registered Agent 81 Name AIRLINE LIMO 82 Street Address (P.O. Box Number is Not Acceptable) 7720 TARA CIRCLE APT #107 83 84 City NAPLES FL 85 Zip Code 34104	
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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: Nathan Jackson (NOTE: Registered Agent signature required when reinstating) DATE: April 26, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	PRESIDENT
NAME	MACIAS, DONNA M	1.2 NAME	NATHAN ALFORD JACKSON
STREET ADDRESS	1540 PORT AVE.	1.3 STREET ADDRESS	7720 TARA CIRCLE APT. 107
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FLORIDA 34104
TITLE	T	2.1 TITLE	
NAME	SMITH, ALEXANDER G	2.2 NAME	
STREET ADDRESS	1387 MARLIN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	SMITH, ANITA	3.2 NAME	
STREET ADDRESS	1387 MARLIN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	SMITH, GEORGE G	4.2 NAME	
STREET ADDRESS	1387 MARLIN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Nathan Jackson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: April 26, 1999 DAYTIME PHONE # (941) 269-6883

CR2E034 (1/98)