

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S18230 (0) 1. Corporation Name JULIE'S LIMOUSINES AND COACHWORKS, INC.		

Principal Place of Business 17118 US 19 NORTH CLEARWATER FL 34624 US		Mailing Address 174 FERNWOOD AVENUE NORTH CLEARWATER FL 34625	
2. Principal Place of Business 21 17116 US 19 N. Suite, Apt. #, etc. 22		26. Mailing Address 26 17116 US 19 N Suite, Apt. #, etc. 27	
City & State 23 CLEARWATER, FL		28. City & State 28 CLEARWATER, FL	
Zip 24 34624	Country 25 USA	Zip 29 34624	Country 30 USA
9. Name and Address of Current Registered Agent ROBERTS, GARY 17118 US 19 NORTH. CLEARWATER FL 34624			

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 <i>Gary B. Roberts</i>		Signature, typed or printed name of registered agent and title if applicable	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE P NAME ROBERTS, GARY STREET ADDRESS 17118 U.S. HWY 19 CITY-ST-ZIP CLEARWATER FL		<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 6000002340586 -11/06/97-01092-021 ***750.00 ***750.00
TITLE ST NAME HERRING, JULIE L. STREET ADDRESS 2692 ENTERPRISE RD. #103 CITY-ST-ZIP CLEARWATER FL		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PRESIDENT JULIE L. HERRING 2228 KENT PL CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Gary B. Roberts*

RECEIVED
OCT 29 1997
10:21:10

SECOND NOTICE OF DISSOLUTION
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

3. Date Incorporated or Qualified 12/03/1990	3a. Date of Last Report 04/30/1996
4. FET Number 59-3042033	4b. Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81. Name FL	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City FL
85. Zip Code 85	

10-27-97

CR2E084 (4/97)

JD
10-27-97

1.1 TITLE 6000002340586	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME -11/06/97-01092-021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS ***750.00 ***750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JULIE L. HERRING	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 2228 KENT PL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

10/20/97 (813) 538-5113