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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90055 039 ****150.00

DOCUMENT #	S18230
4. Compration Name	

JULIE'S	LIMOUSINES AND COACH	WORKS, INC.					
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Principal Plac	e of Business	Mailing Address			-{	Bibit bibit bibit bibit)
17/16 US 19 NORTH 17/16 US 19 NORTH				•		,	
CLEARWATER FL 34624 CLEARWATER FL 34624							
US				DO NOT WRITE IN THIS SPACE			
Ì					3. Date Incorporated or Qualifed		
		To Martin Aldress			12/03/1990		
	Place of Business	2a. Mailing Address			4. FEI Number	 	oplied For
Suite, Apt.	# etc	Suite, Apt, #, etc.	···		59-3042033		ot Applicable Additional
22 Suite, Apr.	#, Gtd.	27			5, Certificate of Status Desired	- 30.73 /	
City & Stat	te	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Regist	tered Agent	· <u> </u>
DOD	ERTS, GARY	4	81 N	lame			
1711	IS US 19 NORTH	And the second	82 5	treet Addre	ess (P.O. Box Number is Not Acceptable)		
1	ARWATER FL 34624				4 2 15 75 3 2 485 7 484 45 72 41 Age	18 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7
	ANTAICH I E STOET		83				
}		,	84 0	ity			Code
And Discourage	to the available of Sections 607.050	2 and 607 1609 Florida Statute			tration cub mits this statement for the surre	FL	rogiotarad
office or r	registered agent, or both, in the State	of Florida, Such change was au	thorized by the	corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment as re	gistered
	im familiar with, and accept the obligation	tions of, Section 607.0505, Flor	ida Statutes.				1
			•				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating) DA	ATE .	<u>'</u>
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DRS IN 12
				nature required	ADDITIONS/CHANGES TO OFFICER		DRS IN 12
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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

ATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/99 721-538 Date Devime Ph