

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 12 1997 8:00am
Secretary of State

DOCUMENT # **S21339** (4)
1. Corporation Name
**LUXURY LIMOUSINE SERVICE OF SOUTHWEST FLORIDA, I
NC.**



Principal Place of Business
**18393 RICCARDO RD.
FT. MYERS FL 33912
US**

Mailing Address
**18393 RICCARDO RD.
FT. MYERS FL 33912
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1369 Harbor View Drive
Suite, Apt. #, etc.
22
City & State
23 North Fort Myers, FL
Zip Country
24 33917 25 USA

2a. Mailing Address
26 1369 Harbor View Drive
Suite, Apt. #, etc.
27
City & State
28 North Fort Myers, FL
Zip Country
29 33917 30 USA

3. Date Incorporated or Qualified **12/24/1990** 3a. Date of Last Report **07/18/1996**
4. FEI Number **65-0240063** 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**WALSH, HAL
18393 RICCARDO RD.
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name Peter C. Carameta
82 Street Address (P.O. Box Number is Not Acceptable)
1369 Harbor View Drive
84 City North Fort Myers FL 85 Zip Code 33917

11. Pursuant to the provisions of Sections 607.1509 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 **Peter C. Carameta** DATE **1/23/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P			<input checked="" type="checkbox"/>
	WALSH, HAL	18393 RICCARDO RD.	FT MYERS FL 33912	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	President				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	Peter C. Carameta					
1.3	1369 Harbor View Drive					
1.4	North Fort Myers, FL 33917				<input type="checkbox"/>	<input type="checkbox"/>
2.1						
2.2						
2.3						
2.4						
3.1					<input type="checkbox"/>	<input type="checkbox"/>
3.2						
3.3						
3.4						
4.1					<input type="checkbox"/>	<input type="checkbox"/>
4.2						
4.3						
4.4						
5.1					<input type="checkbox"/>	<input type="checkbox"/>
5.2						
5.3						
5.4						
6.1					<input type="checkbox"/>	<input type="checkbox"/>
6.2						
6.3						
6.4						

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:

Peter C. Carameta

1/23/97

CR2E034 (4/97)