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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S38768** (5)

1. Corporation Name
RED LINE LIMO, INC.



Principal Place of Business Mailing Address
8232 ULMERTON RD **8232 ULMERTON RD**
4 **#4**
LARGO FL 34622 **LARGO FL 33771-3948**
US **US**

3. Date Incorporated or Qualified **03/19/1991** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State
23 28
Zip Country Zip Country

24 29 30
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

RHOADES, JOHN A., JR.
2525 PASADENA AVENUE SOUTH
SUITE H
SOUTH PASADENA FL 33707

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, GERALD H.	1.2 NAME	LORETTA M. BARTLETT
STREET ADDRESS	381 144TH AVE	1.3 STREET ADDRESS	361-144th AV
CITY-ST-ZIP	MADEIRA BEACH FL	1.4 CITY-ST-ZIP	MADEIRA BEACH, FLA
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	GERALD BARTLETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, PATRICK W.	2.2 NAME	361 144th AV
STREET ADDRESS	381 144TH AVE	2.3 STREET ADDRESS	MADEIRA BEACH, FLA
CITY-ST-ZIP	MADEIRA BEACH FL	2.4 CITY-ST-ZIP	(Director)
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 its 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: _____ 1/4/97 818-535-3391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)