

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S40871** (3)
1. Corporation Name
A & L LIMO CO., INC.

Principal Place of Business 13730 ST. RD. 84 259 DAVIE FL 33325	Mailing Address 532 BEDFORD AVE. FT. LAUDERDALE FL 33326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		2571 JARDIN PL FT LD FL 33327	3. Date Incorporated or Qualified 01/25/1991 4. Number 65-0260010 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent D'ELIA, LEONARD 532 BEDFORD AVE FT. LAUDERDALE FL 33326	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD D'ELIA, LEONARD 532 BEDFORD AVE FT. LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2571 JARDIN PL FT LD FL 3327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'ELIA, ANDREA 532 BEDFORD AVE FT. LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2571 JARDIN PL FT LD FL 3327
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 Block 12 or Block 13 if changed, or on an attachment with an address that my name appears in

SIGNATURE:  **Leonard D'Elia**
3/5/98 9543848617
DATE DAYTIME PHONE

CR2E034 (10/97)