

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S52319

(8)

1. Corporation Name

CONDO-LIMO SERVICES, INC.

Principal Place of Business

**18632 NE 25TH PLACE
N. MIAMI FL 33180-2733**

Mailing Address

**18632 NE 25TH PLACE
N. MIAMI FL 33180-2733**



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**BOZMAN, KATHARINE D.
18632 NE 25TH PLACE
N. MIAMI BEACH FL 33180-2733**

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 607.002 and 607.011, Florida Statutes, the above named corporation, solemnly 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, Sections 607.002 and 607.011, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BOZMAN, KATHARINE	
STREET ADDRESS	18632 NE 25TH PL	
CITY-STATE-ZIP	N. MIAMI BEACH FL 33180-2733	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished. I and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this form is correct as supplied and is not a report of fraud and a penalty, 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 registered agent or authorized representative of the corporation, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attached sheet with an affidavit.

SIGNATURE:

Katharine D. Bozman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

305-933-0704
Daytime Phone #

CR2E034 (12/95)