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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S69284 EMERALD LIMOUSINE SERVICE, INC. (5)

FILED Apr 27 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			IBAL BIBIT BIBIT BIBIT BIBIT 1881
406 N. 24TH AVENUE 406 N. 24TH AVENUE					
HOLLYWOOD	FL 33020	HOLLYWOOD FL 33020	DO NOT WRITE IN THIS SPACE		
ļ				3. Date Incorporated or Qualified	THIS SPACE
				07/25/1991	
2. Principal P	lace of Business	2a. Maiting Address		4. FEI Number	Applied For
	ward County	28 P 1. Bex 77	Ø	65-0317022	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State	Cast	6. Election Campaign Financing	\$5.00 May Be
23	Country	Zip	Country		Added to Fees
Zip 24	Country 25	29 33302	30 Brower	This corporation owes or has paid to Personal Property Tax due June 30	
24	9. Name and Address of Curi		[30]	10. Name and Address of New Regis	
KE	LLEY, CHRISTOPHER P.		•		
	01 BISCAYNE BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
# 101			DE Street Addi	ress (F.O. box Number is Not Acceptable)	
ML	AMI FL 33138		83		
•			84 City		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. 					
agent la	m familiar with, and accept the ob	ligations of, Section 607.0505, Flo	orida Statutes.		appointment at together
SIGNATURE					
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	E Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	DATE RS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	7,657,1675,1876,267,1626	Change Addition
NAME	Cadigan, Kenneth B.		1.2 NAME		
STREET ADDRESS	408 N. 24TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 City-SY-ZIP		
TITLE		DETELE	2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Delete	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		•
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		Í
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
MAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 Crty-ST-ZIP		

14. Thereby 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: