


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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>																	
DOCUMENT # S71697 (4) <i>N/C 3/12/97</i>																			
1. Corporation Name HOBE SOUND LIMOUSINE, INC. AND TAXI																			
Principal Place of Business 7074 S.E. BLUEBIRD CIRCLE HOBE SOUND FL 33455		Mailing Address 7074 S.E. BLUEBIRD CIRCLE HOBE SOUND FL 33455-6008																	
2. Principal Place of Business 21 <i>S/A/A</i> Suite, Apt. #, etc.		2a. Mailing Address 26 <i>S/A/A</i> Suite, Apt. #, etc.																	
22 City & State <i>S/A/A</i>		27 City & State <i>S/A/A</i>																	
23 Zip <i>S/A/A</i> Country <i>S/A/A</i>		28 Zip <i>S/A/A</i> Country <i>S/A/A</i>																	
24 <i>S/A/A</i>		25 <i>S/A/A</i>																	
29 <i>S/A/A</i>		30 <i>S/A/A</i>																	
9. Name and Address of Current Registered Agent WITHEE, ALLYN 7074 SE BLUEBIRD CIRCLE HOBE SOUND FL 33455		10. Name and Address of New Registered Agent 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 Signature: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																			
12. OFFICERS AND DIRECTORS																			
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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: <i>Allyn Withee</i> <i>March 27/97</i> <i>(621) 546-9318</i>																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																			

CR2E034 (9/96)