

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

FILED
Mar 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 # S77981

(6)

1. Corporation Name

ACE SPECIAL & PERSONAL TRANSPORTATION SERVICE IN
C.

Principal Place of Business

2107 MAJESTIC WOODS BLVD.
APOPKA FL 32712

Mailing Address

2107 MAJESTIC WOODS BLVD.
APOPKA FL 32712-3239

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SULAL, ANGELITA J.
2107 MAJESTIC WOODS BLVD.
APOPKA FL 32712

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 607.0505 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 type (e.g., print, cursive, etc.) (If the agent is a corporation, the signature is not required)

(If the agent is a corporation, the signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SULAL, ANGELITA S.
STREET ADDRESS 2107 MAJESTIC WOODS BLVD
CITY-STATE-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME SULAL, RAQUEL A.
STREET ADDRESS 2107 MAJESTIC WOODS BLVD
CITY-STATE-ZIP APOPKA FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-STATE-ZIP ☐ Change ☐ Addition

15 TITLE ☐ Change ☐ Addition

16 NAME ☐ Change ☐ Addition

17 STREET ADDRESS ☐ Change ☐ Addition

18 CITY-STATE-ZIP ☐ Change ☐ Addition

19 TITLE ☐ Change ☐ Addition

20 NAME ☐ Change ☐ Addition

21 STREET ADDRESS ☐ Change ☐ Addition

22 CITY-STATE-ZIP ☐ Change ☐ Addition

23 TITLE ☐ Change ☐ Addition

24 NAME ☐ Change ☐ Addition

25 STREET ADDRESS ☐ Change ☐ Addition

26 CITY-STATE-ZIP ☐ Change ☐ Addition

27 TITLE ☐ Change ☐ Addition

28 NAME ☐ Change ☐ Addition

29 STREET ADDRESS ☐ Change ☐ Addition

30 CITY-STATE-ZIP ☐ Change ☐ Addition

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. 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

[Signature]

3-12-97

CR2E034 (9/96)