

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 10 PM 2:07**

**DOCUMENT # V06960**

**(1)**

1. Corporation Name

**MY DREAM LIMOUSINE, INC.**

Principal Place of Business

**4801 S. UNIVERSITY DR.  
BOX 231, SUITE 302  
DAVIE FL 33328**

Mailing Address

**720 N 68 TERRACE  
HOLLYWOOD FL 33024  
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

**01/14/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0524484**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **9000 W. Sheridan St**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 **Suite 170**

City & State

23 **Pembroke Pines, FL**

City & State

28 Zip Country

24 Zip

25 **33024**

Country

29 **Florida**

Zip

30 Country

9. Name and Address of Current Registered Agent

**ADAMS, ROY F SR  
8751 RIVERSIDE DR #80  
CORAL SPRINGS FL 33071**

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, typed or printed name of registered agent and the fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>
NAME	<b>WRIGLEY, SAMUEL R.</b>
STREET ADDRESS	<b>720 N. 68TH TERR.</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>DV</b>
NAME	<b>WRIGLEY, MARION</b>
STREET ADDRESS	<b>720 N. 68TH TERR.</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>ST</b>
NAME	<b>WRIGLEY, SAMUEL R.</b>
STREET ADDRESS	<b>720 N. 68TH TERR.</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Marion Wrigley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/95 305-989-7343**  
DATE (Date) Filing Fee \$