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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:57

DOCUMENT # **V37720** **(2)**

1. Corporation Name
**WEST BOCA TAXI SERVICE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10018 SPANISH ISLES BLVD.<br>BAY A-14<br>BOCA RATON FL 33498 | 10018 SPANISH ISLES BLVD.<br>BAY A-14<br>BOCA RATON FL 33498 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1992
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21: Boca Raton
22: Suite, Apt. #, etc
23: City & State: Florida
24: Zip: 33498 25: Country: US

2a. Mailing Address
26: 2115 Newport - 4
27: Suite, Apt. #, etc
28: City & State: Deerfield Beach
29: Zip: 33442 30: Country: U.S.

4. FEI Number: 65-0333631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

**9. Name and Address of Current Registered Agent**

DUGAN, JOAN
10018 SPANISH ISLES BLVD
BAY A-14
BOCA RATON FL 33498

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | DUGAN, JOAN | 12 NAME | |
| STREET ADDRESS | 10018 SPANISH ISLES BLVD., BAY A14 | 13 STREET ADDRESS | |
| CITY ST ZIP | BOCA RATON FL | 14 CITY ST ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | DUGAN, DAWN | 22 NAME | |
| STREET ADDRESS | 10018 SPANISH ISLES BLVD, BAY A14 | 23 STREET ADDRESS | |
| CITY ST ZIP | BOCA RATON FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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:** Joan Marie Dugan 5/26/95 Date 305-480-6756 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

0281023 CP