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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	996	186	DATE TO S	DIVISION OF	CORPORAT	IONS					
DOCUN	/ENT	# P93 0)0006	9940 (3)						
1. Corporation Name CLASSIC TRANSPORTATION, INC.						 					
Principa! Place	of Business		Ma	ailing Address				E IIIIS Tu aki u aka I	DELLE BOLLO DELEG		
•	2704 TOLWORTH AVE.			2704 TOLWORTH AVE.							
ORLANDO FL				RLANDO FL 32837							
							3. Date Incorporate 10/06/1993	d or Qualified	3a. Date o	of Last Re 02/199 6	
2. Principal Pla	ce of Busine	ess	2a.	Mailing Address			4. FEI Number				pplied For
1				26			59-320582	.2			lot Applicable
¬	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired			Additional lequired
_	City & State			City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees				May Be
3 Zip		Country	20	Zip	Coun	try	8. This corporation	has liability for	intangible tax	under s	199.032,
4		25	29		30		Florida Statutes		M No		
	9. Name	and Address of C	urrent Regis	tered Agent			10. Name and Add	ress of New F	Registered A	lgent	
					,	Name					
	ARCIO M				1	Street A	Address (P.O. Box Number i	s Not Acceptat	ole)		
	Public di	SIVE .				83					
SUITE 124				83							
		_									
ORLAND	O FL 3281		.0502 and 60 Florida, Such	7.1508, Florida Statu n change was authori	i	B4 City	prporation submits this state board of directors. I hereby	ment for the pu	FL irpose of char pointment as		Code egistered offic agent. I am
ORLAND 11. Pursuant to register familiar with SIGNATURE	O FL 3281	ons of Sections 607 both, in the State of the obligations of,			ites, the abovized by the co	B4 City re-named co prporation's	prporation submits this state board of directors. I hereby equired when reinstaling)	,	prose of char cointment as a	nging its re registered	egistered offic agent. I am
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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)(k). Florida Statutes. I further certify that the information indicated on this appear report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of 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.

MARCIO M. CICCI SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR