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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996		DIVISION OF CORP
DOCUMENT # 1. Corporation Name	P930000	70868 (3)
WORLD CLASSIC	COACH BUILDERS,	INC.
Principal Place of Business	Ma	ling Address



Principal Place of Business Mailing Address						-{				
Principal Place o		8885 N.W. 21ST ST.								
	INGS FL 33071		CORAL SPRINGS FL	33071				l de Dat	e of Last F	Poord
							3. Date Incorporated or Qualified 10/12/1993		09/28/ 1	•
2. Principal Plac	e of Business	2a.	Mailing Address				4. FEt Number			Applied For
21		26					65-0440903		60.7	Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		·	5 Additional Required
City & State			City & State				6. Election Campaign Financing		- -	00 May Be
23		28		T Co.	nto		Trust Fund Contribution 8. This corporation has liability for			ed to Fees s 199.032.
Zip	Country	29	Zip	30 Cou	inty		Florida Statutes	. □No		
24	9. Name and Address of Curre		ered Agent	1001	Г		10. Name and Address of New F	Registered	Agent	
					81	Name				
	SANDRO, SALVATORE				82	Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		
	I.W. 21 ST.				83					
CORAL	SPRINGS FL 33071				84	City			85 2	Zip Code
						· ·	poration submits this statement for the purposed of directors. Thereby accept the app	FI	_	
SIGNATURE _	Signature, typed or printed name of registered ag OFFICERS A		TORS	13.		nt signature requ	ured when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN		
12. 1/1LE	PTSD	IND DIFFEC	DELETE	1.1	TITLE				☐ Change	
NAME	CARNABUCI, SANTO A.			1.2 N						
STREET ADDRESS	8885 NORTHWEST 21ST	STREET				T ADDRESS				
CITY-S1-ZIP	CORAL SPRINGS FL		DELETE		TITLE	SI-ZIP			Change	e 🔲 Addition
TITLE	V D'ALESSANDRO, SALVA'	TORE			AME	1				
NAME STREET ADDRESS	8885 NORTHWEST 21ST			235	STREE	T ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	• • • • • • • • • • • • • • • • • • • •		240	IIY-	ST-ZIP				- D Addison
TITLE			☐ DELETE		TITLE				☐ Charg	e 🔲 Addition
NAME					AME	i				
STREET ADDRESS						ST-ZIP				
CITY-ST-ZIP TITLE			DELETE		TITLE				Charig	e 🔲 Addition
NAME				4.2	NAME					
STREET ADDRESS				4.3	STREE	T ADDRESS				
CITY+ST-ZIP						ST-ZIP			Chang	e Addition
THUE			☐ DELETE		TITLE	1				· Li Manio
NAME				- 1	NAME					
STREET ADDRESS						ET ADDRESS • ST-ZIP				
CITY-ST-ZIP			DELETE		TITLE				☐ Chang	ge 🔲 Addition
NAME			_		NAM					
STREET ADDRESS				63	STRE	ET ADDRESS				
CITY-ST-ZIP				64	CITY	- ST-ZIP	its for the exemption stated in Section 11	0.07(3)(1-)	Elorida Sta	stutes I further
4		200	4 1 1 1 1 1	the board of the second			a ray the exemption stated in Section 11	≈ U1/1.30(K)	เมาหมากได้	COLUMN TO SERVICE

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 12 or on any attachment with an address.

SIGNATURE:

April 64, 1996

954-341-7644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

April 04, 1996 954-341-7644