

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000065021 (5)**

1. Corporation Name

THE CLASSIC TOUCH IMPORTED FENDERTRIM, INC.



Principal Place of Business

1225 TAMiami TRAIL UNIT B-16
PORT CHARLOTTE FL 33952

Mailing Address

1225 TAMiami TRAIL UNIT B-16
PORT CHARLOTTE FL 33952

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

35 Zip Code

9. Name and Address of Current Registered Agent

**PRINCIPATO, MARIANNE
1225 TAMiami TRAIL UNIT B-16
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified
09/02/1994

3a. Date of Last Report
01/17/1995

4. FEI Number
65-0519602

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRINCIPATO, MARIANNE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12 NAME	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	14 CITY-ST-ZIP	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	15 TITLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16 NAME	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17 STREET ADDRESS	23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	18 CITY-ST-ZIP	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	19 TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 NAME	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21 STREET ADDRESS	33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	22 CITY-ST-ZIP	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	23 TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 NAME	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25 STREET ADDRESS	43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	26 CITY-ST-ZIP	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	27 TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28 NAME	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	29 STREET ADDRESS	53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	30 CITY-ST-ZIP	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	31 TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	33 STREET ADDRESS	63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	34 CITY-ST-ZIP	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

PAUL PRINCIPATO

Ted Paul V.P.

1/23/96 941-255-8645

Daytime Phone #

CR2E034 (12/95)