PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90011 025 ***150.00

		
DOCUMENT #	P9800000	0101

CLASSIC	CLASSIC BUS SERVICE & REPAIRS, INC. Cipal Place of Business SE 10TH AVE Mailing Address 1171 SE 10TH AVE										
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					[12/31/1997	Qualifo				
2 Principal P	lace of Business	2a, Mailing Address			-	4. FEI Number			Ap	plied For	
21		26				65-0816324			No	1 Applicable	
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23		28			\longrightarrow	Trust Fund Contribut			Added	o Faas	
Zip	Country	Zip	Count	ry		8. This corporation owe			ngible ∐Yes	□No	
24	25	29	30			Personal Property Ta				UNO	
	9. Name and Address of Curr	ent Registered Agent		1 Name		10. Name and Address	OI NEW IN	Bearsten W	Jen.		
) AD	DINTE, DAVID		Į°								
_	I SE 10TH AVE] [2 Street	Address	(P.O. Box Number is No	ot Acceptab	lø)			
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11. Pursuant	to the provisions of Sections 607.0 agistered agent, or both, in the Starn familiar with, and accept the obli	502 and 607.1508, Florida	Statutes, the abo	ve-named	corpora	tion submits this stateme	ent for the pi	inpose of ci	anging Its	registered	
1 TO SOUTH	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change	was authorized t	y the corp	oration:	posta of atrectors, i ner	eph accebr	nie abbonin	111614 83 16	gistereo	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and execurate 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAME OF BEAUND OFFICER OR DIRECTOR

NAME

STREET ADDRESS

2/21/90 (305)887-3770