PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025176

TOUCH OF CLASS TOWING, INCORPORATED

Principal Place of Business Mailing Address						2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3155 NW 42ND LAUDERDALE			DO NOT WRITE IN THIS SPACE					
		3. Date Incorporated or Qualifed				7		
			03/16/1998			1		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	1
21 71	I NW IST	28 P.O. BOX	x 4365)	1 65-0819453	N	ot Applicable	1
Suite, Apt.			5. Certificate of Status Desired		Additional equired]		
22 City & Stat			-6Election Campaign Financing		May Be	┨.		
23 14.	Lavaerobile of L	28 Hallandale	. + 1_		Trust Fund Contribution	Added	to Fees	-
Zp 33	311 25 Broward	25 33 3008 5	County Oronic	<u> </u>	This corporation owes the current year I Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registers	d Agent		┦
81 Name								ĺ
SANTANA, RICARDO 1 125 SW 2ND AVE			82 Street	Addre	ss (P.O. Box Number is Not Acceptable)			1
	LANDALE BEACH FL 33009		83					1
					<u>, </u>	(apl 7:-	Code	┨
		_	84 City		<u>_</u>		Code	
11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes, the above office or registered agent. If both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.					ration submits this statement for the purpose	of changing its	s registered Senstand	
agent. I a	registered agent, product, in the State of am familiar with, and accept the obligation	ris of Section 607 0505 Florid	ia Statutes.	Çi alıcı		a .QQ	9	1
SIGNATURE	wiente &	War and the same of the same o			4° &	8 - 4 - 1 -		1
ļ	Signature, typed or plinted name of regulated affert to OFFICERS AND		legislered Apert aigneture 13.	required	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DRS IN 12	Į ĝ
TILE	10 - 10-0	C) perefe	1,1 TITLE		PES, Sec, V.P. TREM Ect.	☐ Change	Addition	
NAME	1160, 50°, C	z.e.,	1.2 NAME	1	Icardo Santana		<i>(</i>)	
STREET ADDRESS	Ricardo Jantana	•	1.3 STREET ADDRESS		25 SW ZAUE			}
CITY-ST-ZIP	Hallandale FL	33009	1,4 City-ST-ZIP	H	allandale FL 33009] 6
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STREET ADDRESS			23 STREET ADDRESS	1				}
CITY-ST-ZIP			2.4 CITY-ST-ZIP					1
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NAME	ĺ		4,2 NAME					
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{ ···		<u></u>	5.2 NAME			-		ł
NAME	}		6.3 STREET ADDRESS	\			ţ	1
STREET ADDRESS	1			l			l	Į.

CRY-ST-ZP

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 efficuel 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 conforation of the receiper of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, by on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

954-454-0305

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90138 004 ***158.75