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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	19	96	3 5/	DIVISION OF	CORPORA	TiO	NS				
	OCUME Corporation Nan)7	(5)							
"	•	TOUCH AUTO TRANSP	YORT II	NC.							
	0. 20		O/11 II	A HABAR BAIDAN ANNA TANA BUND ARA	1	JAN BIAN Ar	1811 BIBN 8184 1881				
							 				
1	ncipal Place of B			iling Address						1011 01011 01	MIN MINUS MINUS 1881
ĺ	1515 VEREDA VERDE SARASOTA FL 34232			1515 VEREDA VERDE SARASOTA FL 34232							
	U\$			US				3. Date Incorporated or Qualified	14 6		
								08/17/1992		e of Last 04/28/1	
	Principal Place o	f Business	——————————————————————————————————————	Mailing Address				4, FEI Number	_1		Applied For
21	Cuito Ant H sta		26					65-0356496			Not Applicable
22	uite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
	City & State			City & State				6. Election Campaign Financing			Required
23			28					Trust Fund Contribution			00 May Be led to Fees
24	<i>Z</i> ip	Country 25	29	Zip	Count	ry		8. This corporation has liability for i		ax under	s 199.032,
<u> </u>	9.	Name and Address of Curren		ered Agent	30			Florida Statutes Yes 10. Name and Address of New R		Acent	
					8	1	Name	10, 110/110 4/10 /100/1000 01 110/1111	o Bratara o	Myent	·
	TATAKIS, AI				ā	2	Street Addre	ess (P.O. Box Number is Not Acceptab	(A)		
1515 VEREDA VERDE SARASOTA FL 34232				63				555 (Fig. 20x 140 mod 18 140 (740 objeta)			
					8	4	City			85 2	Zip Code
11.	Pursuant to the	provisions of Sections 607.0502	and 607	.1508. Florida Statute	s the above	- Dar	med corpors	ation submits this statement for the our	FL		
	or registered ag familiar with, and	ent, or both, in the State of Florid diaccept the obligations of, Secti	da. Such i ion 607.0	change was authorize 505. Florida Statutes	d by the co	rpor	ation's board	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as	registero	id agent. I am
SIG	NATURE	,, J		ood, monda otaldida.							
Signature, typed or printed name of registered agent and little if applicable						ont si	dia;ne redined	when reinstating)	DATE		
12.		OFFICERS AND	AND DIRECTORS DELETE		13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFI			
NAM	f T	ATAKIS, ANTHONY			1.2 NAM				ı	Change	☐ Addition
STRE	NEET ADDRESS 1515 VEREDA VERDE					1.3 STREET ADDRESS					i
CITY	V . L.	ARASOTA FL			1.4 DITY	ST-Z	ZIP				
TITLE		ATAMIC ALMO		DELETE	2 1 TITL	Ē]	Change	☐ Addition
NAM		ATAKIS, ALICE 515 VEREDA VERDE			2.2 NAM						
		SARASOTA FL			2.3 STRE	E1 AD	ORESS				
CHY		MINOUIA I L		DELETE	2.4 CITY		<u>(IP</u>		 -		
NAMI	Į.			□ PLLETE	3 1 TITLE 32 NAME				ŧ	Change	☐ Addition
STRE	F1 ADORESS				33 STRE		IDBESS				
CITY	· S1- ZIP				34 CITY-						
TITUE				DELETE	4. 1 TITLE				E	Change	Addition
NAMI	Ē [4.2 NAME						
	E1 ADDRESS				4.3 STREE	I AD	DRESS				
	· ST - ZIP			F) 05: 575	4.4 CITY-		'IP				
TITLE	1			DELETE	5. 1 TITLE] Change	Addition
	ET ADDRESS				5.2 NAME						
	-SI-ZIP				53 STREE						
THILE				☐ DELETE.	5 4 City-		r		Г	Change	Addition
NAME					6 2 NAME				L.	T Auguste	L1 MONION
STREE	ET ADDRESS				6 3 STREE		DRESS				
	ST - ZiP				6 4 CITY-	ST-7	'IP				
14.	Too hereby certi	fy that the information supplied w	ith this fil	ing is voluntarily furnis	hed and do	es n	of qualify for	the exemption stated in Section 119.0	7/2VIA FIG	rido Etat.	too 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:

The ANTHONY TATAKIS

JAE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/22/96

941 371-7387