

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:38

DOCUMENT # **J61929** (2)
1. Corporation Name
CLASSIC HOMES SOUTH, INC.

Principal Place of Business
**2139 UNIVERSITY DRIVE
SUITE 206
CORAL SPRINGS FL 33071
US**

Mailing Address
**1779 NW 91ST AVE.
CORAL SPRINGS FL 33071-8945
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/16/1987

3a. Date of Last Report
03/11/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

4. FEI Number
59-2834489

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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KRAWITZ, SANDRA G. E
KRAWITZ, & LUND, P.A.
150 E. PALMETTO PARK RD., SUITE 400
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name (same - Sandra G. Krawitz, Esq.)
82 Street Address (P.O. Box Number is Not Acceptable)
1900 Glades Road
83 **Ste 357**
84 City **Boca Raton** **FL** **85** Zip Code **33431**

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 *Sandra G. Krawitz* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **KRAWITZ, HAROLD**
STREET ADDRESS **1779 NW 91ST AVE**
CITY - ST - ZIP **CORAL SPRINGS FL**

TITLE **VSD**
NAME **BRILL, SAMUEL**
STREET ADDRESS **1805 NW 91ST AVENUE**
CITY - ST - ZIP **CORAL SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **1752 NW 124th Ave**
1.4 CITY - ST - ZIP **Coral Springs FL 33071**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **2139 UNIVERSITY DR #206**
2.4 CITY - ST - ZIP **CORAL SPRINGS FL 33071**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(b), Florida Statutes. I further certify that the information indicated in 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. This need, or any attachment with an address.

SIGNATURE: *Harold Krawitz* **Harold Krawitz** **4/5/95** **3057559873**
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR