

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L75073 (1)**

1. Corporation Name
CLASSIC INFORMATION SYSTEMS, INC.



Principal Place of Business: **5076 EL CLARO CTR P.O. BOX 15678 WEST PALM BEACH FL 33416-5678 US**
Mailing Address: **5076 EL CLARO CTR P.O. BOX 15678 WEST PALM BEACH FL 33416-5678 US**

3. Date Incorporated or Qualified: **05/23/1990**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-3014752**
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

2. Principal Place of Business: **21 5076 EL CLARO CIRCLE**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: **25** Country:
2a. Mailing Address: **26 5076 EL CLARO CIRCLE**
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: **30** Country:

9. Name and Address of Current Registered Agent: **FLECK, WILLIAM A. 1530 NO. FEDERAL HIGHWAY LAKE WORTH FL 33460**
10. Name and Address of New Registered Agent:
81. Name: **FLECK, WILLIAM A.**
82. Street Address (P.O. Box Number is Not Acceptable): **1155 US HIGHWAY ONE**
83. City: **JANUARY BEACH**
84. City: **JANUARY BEACH** FL 85. Zip Code: **33408**

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 of Current Registered Agent (if changing) _____ Signature of New Registered Agent (if appointing) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PERSEK, RICHARD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5076 EL CLARO CIRCLE	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PERSEK, ELAINE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5076 EL CLARO CIRCLE	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PERSEK, STEPHEN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	180 BANBURY ROAD	3.2 NAME	
STREET ADDRESS	MINEOLA NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	900001873949
STREET ADDRESS		5.3 STREET ADDRESS	-06/25/96--01003--018
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***25.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800001873948
STREET ADDRESS		6.3 STREET ADDRESS	-06/25/96--01003--017
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

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: Richard Persek **5/7/96** **4074715194**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)