

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L75073 (1)**  
 1. Corporation Name  
**CLASSIC INFORMATION SYSTEMS, INC.**



Principal Place of Business <b>5076 EL CLARO CIRCLE</b> <b>P.O. BOX 15678</b> <b>WEST PALM BEACH FL 33416-5678</b> <b>US</b>	Mailing Address <b>5076 EL CLARO CIRCLE</b> <b>P.O. BOX 15678</b> <b>WEST PALM BEACH FL 33416-5678</b> <b>US</b>
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3. Date Incorporated or Qualified <b>05/23/1990</b>	3a. Date of Last Report <b>06/24/1996</b>
4. FEI Number <b>59-3014752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 3866 WOOD WALK BLVD</b> Suite, Apt. #, etc. <b>22 LAKEWORTH FL</b> City & State <b>24 33467</b> Zip <b>25 USA</b> Country	2a. Mailing Address <b>26 SAME</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>30</b> Country
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9. Name and Address of Current Registered Agent <b>FLECK, WILLIAM A.</b> <b>1155 US HWY 1</b> <b>JUNO BEACH FL 33408</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE	<b>0</b>
NAME	<b>PERSEK, RICHARD</b>
STREET ADDRESS	<b>5076 EL CLARO CIRCLE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33416-5678</b>
TITLE <input type="checkbox"/> DELETE	<b>0</b>
NAME	<b>PERSEK, ELAINE</b>
STREET ADDRESS	<b>5076 EL CLARO CIRCLE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33416-5678</b>
TITLE <input type="checkbox"/> DELETE	<b>0</b>
NAME	<b>PERSEK, STEPHEN</b>
STREET ADDRESS	<b>160 BANBURY ROAD</b>
CITY-ST-ZIP	<b>MINEOLA NY</b>
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	<b>3866 WOOD WALK BLVD</b>
1.4 CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	<b>3866 WOOD WALK BLVD</b>
2.4 CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Sandra B. Mortham* 4/18/97

CR2E034 (9/96)