

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

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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>3866 WOODS WALK BLVD.  <del>P.O. BOX 15678</del>                  LAKEWORTH FL 33467                  US</b>	Mailing Address <b>3076 EL CLARO CIRCLE                  P.O. BOX 15678                  WEST PALM BEACH FL 33416-5678                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3866 WOODS WALK BLVD</b> Suite, Apt #, etc. <b>22 LAKE WORTH FL</b> City & State <b>23 33467</b> Zip <b>25 USA</b> Country	2a. Mailing Address <b>26 PD BOX 15678</b> Suite, Apt #, etc. <b>27 WEST PALM BEACH</b> City & State <b>28 33416</b> Zip <b>30 USA</b> Country
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3. Date Incorporated or Qualified <b>05/23/1990</b>	4. FEI Number <b>59-3014752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**FLECK, WILLIAM A.  
 1155 US HWY 1  
 JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERSEK, RICHARD</b>	
STREET ADDRESS	<b>3866 WOOD WALK BLVD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERSEK, ELAINE</b>	
STREET ADDRESS	<b>3866 WOOD WALK BLVD.</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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* 3/1/98 561241 4466

CR2E034 (10/97)