FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 may 1 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049775

1. Corporation Name

EAST COAST CLASSIC CARS, INC.

Principal Place of Business	Mailing Address
1306 SW First Avenue Fort Lauderdale, FL 33315	1306 SW First Avenue Ft. Lauderdale, FL 33315

400001472154
-05/03/95--01005--017
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 1306 SW First Ave.	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Ft. Lauderdale, FL	City & State 28
Zip / Country 24 33316 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 7/12/93
3a. Date of Last Report:

4. FEI Number: 65-0424061 ☐ 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	10. Name and Address of New Registered Agent
Paul V. Coppola 1306 SW First Avenue Fort Lauderdale, FL 33315	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Paul V. Coppola	12 NAME	
STREET ADDRESS	1306 SW First Avenue	13 STREET ADDRESS	
CITY-ST ZIP	Fort Lauderdale, FL 33316	14 CITY ST ZIP	
TITLE	Treasurer	21 TITLE	☐ Change ☐ Addition
NAME	Paul V. Coppola	22 NAME	
STREET ADDRESS	1306 SW First Avenue	23 STREET ADDRESS	
CITY-ST ZIP	Fort Lauderdale, FL 33315	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

KC

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: _____ Paul V. Coppola, Pres. 4-19-95 305-522-9164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #