SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023739 (2)

3D CLASSICS, INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Principal Place of Business Malling Address											. #5:50 ((000 tott) 1400 t (1110 th)	1 1441	
875 MEADOWS RD. 312 BOCA RATON FL 33486				-	875 MEADOWS RD. 312 BOCA RATON FL 33486					DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualified			
										03/24/1995			
2. Principal Place of Business				20	2a. Mailing Address					4. FEI Number	Applied F	or	
21	ı]			26	26					65-0571077	Not Appli		
[Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Addition		
22	22			27	27					5. Certificate of Status Desired Fee Required			
l	City & State				City & State					6. Election Campaign Financing \$5.00 May Be			
23					28				Trust Fund Contribution				
	Zip	-	Country		Zip		Countr	/		8. This corporation owes or has paid the			
24			25	29	L. <u></u>	3	0			Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
MARTIN, DOUGLAS F							81	Name	GRA	GRAF BUCKENMAIER			
875 MEADOWS RD, 312							82	Street	Address	Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33486							Į		359 SOUTH COUNTY ROAD				
							83	1					
							84	City	ity 85 Zip Code				
									440	TABLE PALM BEACH 33480			
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 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.												d	
SIGNATURE X JULIEU								y-14-78					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe								ed Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.			OFFICE	RS AND DIR			13.		15	ADDITIONS/CHANGES TO OFFICE			
Į Tľ	TLE	D			DELETE		-		D		Change XX A	ddition	
NAME MARTIN, DOUG							1.2 NAME			E DOTTERWEICH			
I			DOWS RD, 312		1.3					33 157TH STREET N.			
CITY-ST-ZIP		BOÇA RATON FL 33486						T-ZIP	JUPITER, FL 33478			{	
TITLE						DELETE	2.1 TITLE				L Change A	ddition	
N/	AME	2.2 NA											
51	REET ADDRESS	23 ST					23 STREE	T ADDRESS				-	
C	CITY-ST-ZIP 240				2.4 CITY S	T-ZIP	1						
TI	TLE					DELETE	3.1 TITLE				Change A	ddition	
NAME							3.2 NAME						
ļ	TREET ADDRESS						3.3 STREE	TADDRESS	:				
1	TY-ST-ZIP						3.4 CITY-5	T-ZIP					
-	TLE				Γ	DELETE	4.1 TITLE				Change A	ddition	
ĺ	AME				<u></u>		4.2 NAME				- · ·		

14. 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 path; 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 changes, of on an attachment with appendixes.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change Addition

Change Addition

FILED

Aug 26 1998 8:00am

Secretary of State