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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 252773

(7)

CLASSIC HOMES OF PALM BEACH,INC.

FILED Mar 28 1997 8:00am Secretary of State

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Principal Place of Business 4628 BIMINI LN WEST PALM BEACH FL 33417		Mailing Address 4628 BIMINI LN WEST PALM BEACH FL 33417-5906			i (691/6 1)ESI 23(68 1)ESI (1884) 1984 191/ SIESI 2191) SIESI SIESI SIESI SIESI SIESI SIESI SIESI SIESI SIESI					
						3. Date Incorporated or Qualified 11/02/1961	3a. Da	te of L)5/19		eport
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	1			plied For
21		26				16-2329336				t Applicabl
Suite, Ap	ot. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired				Additional equired
City & St	ate	City & State				6. Election Campaign Financing	······································			May Be
:3		28				Trust Fund Contribution				May be lo Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i	ntangible	lax un	der s.	199.032,
24	25	29	30				Yes 🕽			
	g. Name and Address of Curr	rent Registered Agent		1		10. Name and Address of New Re	gistered /	gent		
	ASSALOTTI,RICHARD J			В1	Name					
	328 BIMINI LN			B2	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
W	EST PALM BEACH FL 33409			83						
				03						
		•	Ī	64	City		FL	85	Zip (Code
agent I SIGNATURÉ	I am familiar with, and accept the ob	lligations of, Section 607.050!	5, Florida Statu	utes.		poration submits this statement for the place in a board of directors. I hereby accepted when reliestering)	DATE			
2.	OFFICERS /			, vilo	r ed recore redu		DATE			C IN 12
			8 13.			ADDITIONS/CHANGES TO DEFIC	FRS AND	DIRE	CTOR	
	PD	DELETE	13.	LE	·· 1	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRE		
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4. 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 innual report or supplemental annual tegori 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 chapted, or on an attachment with an address.

SIGNATURE: ★

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

un 3-24

-24-97 561 686-5795

Daytime Phone #