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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

CLASSIC HOMES OF PALM BEACH, INC.

FILED Apr 09 1998 8:00am Secretary of State



| Principal Place | of Business | Mailing Address | | | | 1 (441) # FIZE) #(194 1) DI (1831) 18ZES 1911 #1911 #1911 | 94811 PIBII | : Q185) G1811 1881 | |
|---|---|---|-------------------------|------------------|--|--|-------------------------------|--------------------|--|
| 4628 BIMINI LN 4628 BIMINI LN WEST PALM BEACH FL 33417 WEST PALM BEACH FL 334 | | | 3417 | 47 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date incorporated or Qualified | | | |
| 6 Dringing Di | ace of Business | 2a, Mailing Address | | <u>.</u> | | 11/02/1961 4. FEI Number | | Applied For | |
| - | ace or business | h-1 | | | | 16-2329336 | Applied For Not Applicable | | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | \$8.7 | 5 Additional | |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required | | | |
| City & State | e Î | City & State | City & State | | | 6. Election Campaign Financing | v | 00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| 24 | 25 25 Name and Address of Curre | | 30 | | | Personal Property Tax due June 30. 10. Name and Address of New Registered | | LI NO | |
| | g, Name and Address of Curre | ur veðisreien viðaur | | B1 N | lame | IV. Hallie and Address of New Degistered | Aprile | | |
| | SSALOTTI,RICHARD J | | L | | | | | ··· | |
| 4628 BIMINI LN WEST PALM BEACH FL 33409 | | | | 82 S | reet Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | Ī | B3 | ., | | | | |
| | | | ļ | 64 C | ity | FL | B5 7 | Zip Code | |
| 11. Pursuant i | to the provisions of Sections 607.05 | 02 and 607.1508. Florida Statute | s. the ab | ove-na | amed corpo | | changi | ng its registered | |
| office or re agent. I as | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was a gations of, Section 607.0505, Flor | uthorized rida Statu | by the | e corporatio | oration submits this statement for the purpose of on's board of directors. I hereby accept the app | ointmen | t as registered | |
| SIGNATURE | | - 4 | | | | d when reinstaling) DATE | | | |
| 12. | | | | | griature required | d when reinsteling) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIREC | TORS IN 12 | |
| TITLE | PD | DELETE | 1.3 TITI | LE | | ADDITIONO/OFFICIAL TO OFFICE TO ARE | Char | | |
| NAME | VASSALOTTI,RICHARD J | _ | 1.2 NAME | | 1 | | | | |
| STREET ADDRESS | 4628 BIMINI LN | | | EET ADD | DRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | Y-ST- <i>Z</i> (| | | | | |
| TITLE | SD | DELETE | 2.1 T(T) | | " | | ☐ Char | nge Addition | |
| NAME | VASSALOTTI, CONNIE A | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | 4628 BIMIN LN | | 2.3 STF | REET ADD | XRESS | 2**L | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 2. 4 CI | ry-st-z | NP | | | | |
| TITLE | | DELETE | 3.1 TITI | LE | | | Char | nge 🔲 Addition | |
| NAME | | | 3.2 NA | ME | | | | | |
| STREET ADDRESS | | | 3.3 STF | REET ADE | DRESS | | | | |
| CITY-ST-ZIP | | | 3.4. Ci1 | TY-ST-2 | TIP . | | | | |
| TITLE | | ☐ DELETE | 4.1 TIT | LE | | | ☐ Char | nge | |
| NAME | | | 4. 2 NA | ME | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET ADD | DRESS | | | | |
| CITY-ST-ZIP | | | 4.4 City-St-2 | | IP | | | | |
| TITLE | | ☐ DELETE | 5.1 TIT | LE | • | | ☐ Char | nge 🔲 Addition | |
| NAME | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | 5.3 ST | REET ADD | DRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-ST-Z | IP | <u> </u> | | <u> </u> | |
| TITLE | | DELETE | 61 TITLE | | 1 | | Char | nge 🔲 Addition | |
| NAME | | | 6.2 NA | ME | | | | | |
| STREET ADDRESS | | | 6.3 ST | REET ADI | DRESS | | | | |
| CITY+ST-ZIP | | | 6.4 CIT | Y-\$1-Z | IP | | | | |

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 is trigo 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/our the receiver or trustee empowhered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, 9 on an attachment with any address.

4-03-98

561-686-5795