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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 482247

CLASSIC PROPERTIES OF FORT LAUDERDALE, INC.

Principal Place	e of Business	Mailing Address			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •		
845 HARRINGTON LAKE LN. VENICE FL 34293		845 HARRINGTON LAKE LN. VENICE FL 34293			DO NOT WRITE IN THIS SPACE				
US		US		2 D-40	Incorporated or Qualifed	IE IN THIS SI	AUL		
				1				}	
					13/1975				
	Place of Business	2a. Mailing Address		4. FEI I			_ 	plied For	
21 /2820	DORNOCH CT_	26 12820 Do	rnoch c	T 59-	1614255		No	t Applicable	
Suite, Apt.	#, etc. MYERS FLA.	Suite, Apt. #, etc. 27 FT. MYERS	, FLA .	5. Certi	fcate of Status Desired		\$8.75 A		
City & Stat	te /-	City & State		6. Elect	ion Campaign Financing	_	\$5.00	May Be	
23 339	12 LEE	28 33912	LEE	Trust	Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country	8. This	corporation owes the curre	ent year Intang			
24	25	29 3	5	Pers	onal Property Tax.	· c	Yes	IZNo │	
<u></u>	9. Name and Address of Current	<u> </u>	1	10. Nam	e and Address of New R	egistered Ag	ent		
			81 Name		BARBARA	^		_	
CLA	rk, barbara a					A.			
	HARRINGTON LAKE LANE			Address (P.O. B <i>8 20</i>	ox Number is Not Accepta DORNOCH	ble)			
	ICE FL 34293		83	8 20	PORROCH	<u> </u>			
74.14	IOL 1 C 04200		I" ET	T. MYE	RS FLA			{	
			84 City			FL	85 Zip C	ode 912	
11 Dureuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607 1508 Florida Statutes	the above-named o	corporation subr	nits this statement for the		anging its	registered	
ri. Fuisuant	to the provisions of occions our occ	f Clareda Colab abanda uma auth		ration's board o	f -5:	t the appointm	ent as rec	sictorod.	
office or r agent. I a	egistered agent, or both, in the State o im familiar with, and accept the obligati	ons of, Section 607,9505, Florid	a Statutes,	Malion's Doald o				Jistereu	
agent. i a	registered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.	Mallon's Doald O		2 -15-4		jistereu	
office or r agent. I a SIGNATURE	registered agent, or both, in the state of the obligation of the control of the c	Clark Pres.	a Statutes,	equired when reinstating	g)	8 -15-4 DATE	9		
agent. i a	im familiar with, and accept the obligati	ons of, section 607, 1305, Florid Lake Yes. and title if applicable. (NOTE: Re D DIRECTORS	gistered Agent signature re	equired when reinstatin	_6	DATE	DIRECTO	RS IN 12	
agent. I a	Signature, typed or printed name of registered agent	ons of, Section 607, USUS, Floridi Llask res. and title if applicable. (NOTE: Re	gistered Agent signature re 13.	ADDIT	g) TIONS/CHANGES TO OF	DATE FICERS AND	9		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	ons of, section 607, 1305, Florid Lake Yes. and title if applicable. (NOTE: Re D DIRECTORS	gistered Agent signature re 13.	ADDIT	g) TIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12	
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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 an an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TILE

NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

941-561-8793

Change

Addition

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90012 007 ***150.00