

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

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

04-05-1999 90012 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 482247

1. Corporation Name

CLASSIC PROPERTIES OF FORT LAUDERDALE, INC.

Principal Place of Business

845 HARRINGTON LAKE LN.
VENICE FL 34293
US

Mailing Address

845 HARRINGTON LAKE LN.
VENICE FL 34293
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1975

4. FEI Number

59-1614255

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 12820 DORNOCH CT

Suite, Apt. #, etc.

22 FT. MYERS, FLA.

City & State

23 33912 LEE

Zip

Country

24 25

2a. Mailing Address

26 12820 DORNOCH CT

Suite, Apt. #, etc.

27 FT. MYERS, FLA.

City & State

28 33912 LEE

Zip

Country

29 30

9. Name and Address of Current Registered Agent

CLARK, BARBARA A
845 HARRINGTON LAKE LANE
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name CLARK, BARBARA A.

82 Street Address (P.O. Box Number is Not Acceptable)
12820 DORNOCH CT.

83 FT. MYERS, FLA.

84 City

FL

85 Zip Code

33912

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 *Barbara A. Clark Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-99

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME CLARK, BARBARA A
STREET ADDRESS 845 HARRINGTON LAKE LN.
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME CLARK, BARBARA A
1.3 STREET ADDRESS 12820 DORNOCH CT.
1.4 CITY-ST-ZIP FT. MYERS, FLA. 33912

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Clark Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

941-561-8793

Daytime Phone #

CR2E034 (11/98)