

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575426 (2)
1. Corporation Name
ENCORE CLASSICS, INC.

FILED
95 AUG -7 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
2631 E. OAKLAND PARK BLVD. SUITE 101 FT LAUDERDALE FL 33307-0185 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/05/1978 05/01/1994
4. FEI Number Applied For
59-1824122 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 195.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
DE CAMP, IRENE 2631 OAKLAND PARK BLVD. SUITE 101 FT. LAUDERDALE FL 33306-1607

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature must be printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PDS	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CAMP, IRENE	1.2 NAME	
STREET ADDRESS	2631 E. OAKLAND PARK BLVD., STE. 101	1.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE, FL 00000	1.4 CITY- ST- ZIP	
TITLE	CP	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASHORE, ROBERT	2.2 NAME	
STREET ADDRESS	2631 E. OAKLAND PARK BLVD., #101	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	2.4 CITY- ST- ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARY J	3.2 NAME	
STREET ADDRESS	2631 E. OAKLAND PARK BLVD., #101	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE, FL 00000	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLAHAN, DOLE	4.2 NAME	
STREET ADDRESS	2631 E. OAKLAND PARK BLVD., #101	4.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Mary Jane Jackson **MARY JANE JACKSON** 8/2/95 (305) 791-8100
DATE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)