

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736813 (7)
1. Corporation Name
THE CLASSIC FOUNDATION, INC.



Principal Place of Business: **2608 COUNTRY CLUB WAY FT LAUDERDALE FL 33332**
Mailing Address: **2608 COUNTRY CLUB WAY FT LAUDERDALE FL 33332**

3. Date Incorporated or Qualified: **09/15/1976**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business
21 **1102 Eagle Trace Blvd.**
Suite, Apt. #, etc.
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City & State: **Coral Springs, FL**
Zip: **33071**
Country: **Broward**
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4. FEI Number: **59-1926894**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DOUMAR, RAYMOND A
1177 SE 3RD AVENUE
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JAMES E	
STREET ADDRESS	2608 COUNTRY CLUB WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	NELSON, GREG	
STREET ADDRESS	2608 COUNTRY CLUB WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	GOODRUM, DANIEL S	
STREET ADDRESS	2608 COUNTRY CLUB WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOLCOMBE, WILLIS	
STREET ADDRESS	2608 COUNTRY CLUB WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	PIPER, EMMA	
STREET ADDRESS	2608 COUNTRY CLUB WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	600001742086
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-03/13/96--01113--001
2.3 STREET ADDRESS	***61.50
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Richard Wolfe
3.4 CITY-ST-ZIP	1102 Eagle Trace Blvd.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Gene Bonham
4.4 CITY-ST-ZIP	1102 Eagle Trace Blvd.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Assistant Treasurer/Secretary
5.3 STREET ADDRESS	FRANCES M. SIMMONS
5.4 CITY-ST-ZIP	1102 Eagle Trace Blvd.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Frances M. Simmons** Date: **2/1/96** 954-346-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)