

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 25 AM 9:06

DOCUMENT # F40534 (2)

1. Corporation Name
SURF CLASSIC COMPANY, INC.

Principal Place of Business: **8110 NW 58 PL TAMARAC FL 33320 US**
Mailing Address: **8110 NW 58 PL TAMARAC FL 33320 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/17/1981** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **Dr11-2575586** Applied For: 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 alternative tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **6351 N. University Bldg. 2, Apt. 312 Tamarac, FL 33321 USA**
2a. Mailing Address: **6351 N. University Bldg. 2, Apt. 312 Tamarac, FL 33321 USA**

10. Name and Address of New Registered Agent:
81 Name: **JONES, VIOLET**
82 Street Address (P.O. Box Number is Not Acceptable): **552 BANKS TERRACE PORT ST. LUCIE FL 33452**
83 City: **Tamarac** 84 State: **FL** 85 Zip Code: **33321**

9. Name and Address of Current Registered Agent:
JONES, VIOLET
552 BANKS TERRACE
PORT ST. LUCIE FL 33452

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 (typed or printed name of registered agent and title if applicable) PHOTO Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ATTORNEYS, COUNSELORS, ACCOUNTANTS AND REGISTERED AGENTS	
TITLE: PD	NAME: LOMENZO, JOHN P	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 30 WEST BROAD STREET, SUITE 100	CITY-ST-ZIP: ROCHESTER-NY	1.2 NAME:	
		1.3 STREET ADDRESS: 28 Tobey Brook	
		1.4 CITY-ST-ZIP: Pittsford, NY 14534	
TITLE:		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Lomenzo, President 6/19/95 (Date) (616) 385-9979 (Telephone Number)

CP2E034 (3/95)