

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90134 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F88608

1. Corporation Name
KLASSIC INTERIOR KONSTRUCTION, INC.



Principal Place of Business 3120 39TH AVENUE. NORTH ST PETERSBURG FL 33714	Mailing Address 3120 39TH AVENUE. NORTH ST PETERSBURG FL 33714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 06/25/1982
21	22	26	4. FEI Number 59-2193411
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	Zip	
24	25	29	30

9. Name and Address of Current Registered Agent

LYKE, VIRGINIA W
6807 GEORGE LYNCH DR NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name Martin A Beck	85 Zip Code 33714
82 Street Address (P.O. Box Number is Not Acceptable) 3120A 54 Ave No	
83	
84 City ST Pete	FL

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 *Martin A Beck* **MARTIN A. BECK** DATE **1-14-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LYKE, VIRGINIA W	
STREET ADDRESS	6807 GEORGE LYNCH DR N	
CITY-ST-ZIP	ST PETERSBURG, FL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BECK, MARTIN	
STREET ADDRESS	3120A 54TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LYKE, CLARENCE	
STREET ADDRESS	6807 GEORGE LYNCH DR N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
2.1 TITLE	OWNER/Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Martin A Beck
2.3 STREET ADDRESS	3120A 54 Ave No
2.4 CITY-ST-ZIP	ST. Pete FL 33714
3.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ReTA M. Beck
3.3 STREET ADDRESS	3120A 54 Ave No
3.4 CITY-ST-ZIP	ST Pete FL 33714
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Martin A Beck* DATE: **1-14-99** DAYTIME PHONE: **727-525-7807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)