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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000005056 (3) DOCUMENT #

CLASSIC IRON, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 24 1998 8:00am Secretary of State



400 SOUTH TITH ST Naples, FL 34113 OMAHA NE SSICE.  AND SOUTH TITH ST Naples, FL 34113 OMAHA NE SSICE.  34146-2117					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 09/26/1997		
2. Principal Plants	ace of Business Y Tamiami Tr E	26. Mailing Address 26. PO Box 2	117		4. FEI Number 91-186	767 /	plied For t Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	7.,		5. Certificate of Status Desired	\$8.75 A	Additional
City & State		City & State  28 Marco Isla		<u>L</u>		\$5.00 Added t	lo Fees
Zip 341		Zip Country  29 34/46 - 2117 30 USA  Registered Agent  Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent  CONNERLEY, MICHAEL J  81 Name				me	(b) Hallio and Hadrons of How Hoge	torog rigori	
909 SOUTH BARFIELD DRIVE MAROO ISLAND FL 33937				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
						F1 =	
			<b>84</b>   Cit	•		FL  85   Zip (	
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 .	Signature, typed or printed name of registered agont	and title if anylarable (NOTE: 6	Registered Agent sign	nature recuiro	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		S IN 12
TITLE	PCTD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	CONNERLEY, MICHAEL J		1.2 NAME				
STREET ADDRESS	909 SOUTH BARFIELD DRIVE MARCO ISLAND FL		1.3 STREET ADDR	ESS			
CITY-ST-ZIP TITLE	VSD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME	CONNERLEY, DENISE E	_ otter	2.2 NAME				
STREET ADDRESS	909 SOUTH BARFIELD DRIVE		2.3 STREET ADDR	ESS			
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CITY - ST - ZIF	,			
TITLÉ		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		,	3.3 STREET ADDR				
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIF 4.1 TITLE	·		Change	☐ Addition
TITLE NAME		_ barre	4.1 TILE 4. 2 NAME			Onlings	
STREET ADDRESS			4.3 STREET ADDR	ess			
CITY-ST-ZIP			4.4 CITY-ST-ZiP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			R KW	u y
STREET ADDRESS			5.3 STREET ADDR	ESS		17.13	7
CITY-ST-ZIP		- On exe	5.4 CITY-ST-ZIP	$\perp$	المراجع المصابح والمحتال والمصار والمحتال والمحتال والمحتال والمحتال والمحتال والمحتال	Change R WW	Addition
TITLE		☐ DELETE	61 TITLE		2 <b>0</b> 0002500 - <b>04</b> /27/3801009	James Ja	☐ Magaran
NAME			6.2 NAME	Tee	-U4/27/35U1UU3 ***158,00	UZO	
STREET ADDRESS			6.3 STREET ADDR		亦本本主(165g)。[1955		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		0 0 440 0000 Children 14	37 - 37 - 15 - 4 - 17 -	1.1

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 vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.