

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Monkham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H49603 (4)
1. Corporation Name
ALL CLASSICS, INC.

Principal Place of Business
27010 HWY 301 30905 FAIRVIEW AVE
TAVARES FL 32778
US

Mailing Address
PO BOX 853
TAVARES FL 32778-1201
US



2. Principal Place of Business 21 30905 FAIRVIEW AVE Suite, Apt. #, etc. 22 City & State 23 TAVARES Zip 24 FL Country	2a. Mailing Address 26 PO BOX 853 Suite, Apt. #, etc. 27 City & State 28 TAVARES, FL Zip 29 32778 Country 30 USA
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3. Date Incorporated or Qualified 03/29/1985	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2576621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BOWEN, GEORGE N. CARLA BOWEN
27010 HWY 30905 FAIRVIEW AVE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name CARLA BOWEN
82 Street Address (P.O. Box Number is Not Acceptable) 30905 FAIRVIEW AVE
83
84 City TAVARES
85 Zip Code FL 32778

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 Carla J. Bowen CARLA J BOWEN SEC/TREAS 3/5/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME BOWEN, GEORGE N.	
STREET ADDRESS 30905 FAIRVIEW AVE	
CITY-ST-ZIP TAVARES FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME BOWEN, CARLA J.	
STREET ADDRESS 30905 FAIRVIEW AVE P O BOX 853	
CITY-ST-ZIP TAVARES 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: Carla J. Bowen 4/19/97 (352) 343-0463

CR2E034 (9/96)