


FILED


Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Feb 17 1997 8:00am  
Secretary of State



DOCUMENT # H59774 (0)  
1. Corporation Name  
CLASSIC COMMUNITIES OF FLORIDA, INC.

Principal Place of Business  
% GARY LAZAR  
1000 SAVAGE CT STE 103  
LONGWOOD FL 32750

Mailing Address  
% GARY LAZAR  
1000 SAVAGE CT STE 103  
LONGWOOD FL 32750-4988

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country

3. Date Incorporated or Qualified  
05/30/1985

3a. Date of Last Report  
02/20/1996

4. FEI Number  
59-1687672

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent  
LAZAR, GARY  
1000 SAVAGE CT STE 103  
LONGWOOD FL 32750

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 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME LAZAR, GARY  
STREET ADDRESS 1000 SAVAGE COURT #103  
CITY-ST-ZIP LONGWOOD FL  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
[Change] [Addition]  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
[Change] [Addition]  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
[Change] [Addition]  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
[Change] [Addition]  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
[Change] [Addition]  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
[Change] [Addition]

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
2/10/97 407 331-1400