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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H81279

(2)

Mailing Address

CLASS A FINISHING, INC.

Principal Place of Business

2)

## FILED Apr 08 1997 8:00am Secretary of State

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3950 N.E. 5TH OAKLAND PAR		3950 N.E. 5TH TERRACE OAKLAND PARK FL 33334-2294						
						3. Date Incorporated or Qualified 10/16/1985	3a. Date of Last F 04/17/1996	leport
2. Principal Pl	lace of Business	28. Mailing Addres	55			4. FEI Number	A	pplied For
21	FEET 1	26				59-2590393		ot Applicable
Suite, Apt		Suite, Apt. #, €	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Zip		Country	'	8. This corporation has liability for I		. 1 <b>9</b> 9.032,
24	25   9. Name and Address of Cui	29	30			Florida Statutes  10. Name and Address of New Re	Yes No	
nPit		rent Registered Agent		81	Name	70. Name and Address of New Me	gistered Agent	
	ER, ARLENE			01	Marile			
	1 N.W. 65TH STREET RT LAUDERDALE FL			82	Street Add	le)		
				83	1			
				84	City	······································	FL 85 Zip	Code
11. Pursuant i office or ri agent I al	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida tate of Florida. Such chang oligations of, Section 607.0	statutes, t e was autho 505, Florida	he above orized by Statute	e-named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing in the appointment as	ts registered registered
SIGNATURE								
	Signature, typed or printed name of registeres	AND DIRECTORS			ent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	70 IN 40
12.	STD	AND DIRECTORS DELI		13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE NAME	BEIER, ARLENE	Land Otte	. 12	1.2 NAME			C. Crango	First Manifolis
STREET ADDRESS	3221 N.W. 65TH STREET		1	1.3 STREET	ANNOTES			
City-ST-ZiP	FORT LAUDERDALE FL		1	1.4 CITY - S		·		
FILE	PD	DEL	ETE	2.1 TITLE	1-21		Change	Addition
NAME	BEIER, KENNETH			22 NAME	-		<u> </u>	
STREET ADDRESS	3221 N.W. 65TH STREET			2.3 STREET	ADDRESS			
CITY-SI-ZIP	FORT LAUDERDALE FL		1	2. 4 CiTY-	1			
TITLE	VP .	☐ DELI	ΞTĘ	3.1 TITLE			Change	Addition
NAMÉ.	Joseph, Sherman		ľ	3.2 NAME	1			
STREET ADDRESS	2249 SW ALMINAR ST.			3.3 STREET	ADDRESS			
CITY-ST-ZIP	PT ST LUCIE FL		]	3.4. CITY-	ST-ZIP			
Toru:		DEL	ETE	4.1 TITLE			Change	Addition
NAME			1	4. 2 NAME	}			
STREET ADDRESS			ľ	4.3 STREET	ADDRESS	•		
CITY-ST-ZIP				4.4 City-5	ST-ZIP			
THE		☐ DELI	ETE	51 TITLE			Change	Addition
NAME			Į.	5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS		•	
CHY-ST-ZIP			[	5.4 CITY-S	1 - ZIP			
TITLE		☐ DEL	ETE	6.1 TITLE			Change	Addition
NAMÉ				6.2 NAME	İ			
STREET ADDRESS			1	6.3 STREET	ADDRESS			
CITY-S1-ZIP			[	6.4 CITY - 5	IT-ZIP			

1. 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:

CILLINE DELLE OF BIONING OFFICER OR DIRECTOR

4/6/97

954-561-3512 Dayline Phone #