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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2. Principal Flace of Business 2. Mailing Address 2. Principal Flace of Business 2. Mailing Address 3. FEI Number 59-2683485  Suite, Apt #, etc 3. Suite, Apt #, etc 3. Suite, Apt #, etc 4. FEI Number 59-2683485  Suite, Apt #, etc 5. Certificate of Status Desired 59-2683485  Suite, Apt #, etc 5. Certificate of Status Desired 59-2683485  City & State 6. Election Campaign Financing Trust Fund Contribution 57-100 Principal Principal Status 59-2683485  Suite, Apt #, etc 59-2683485  Suite, Apt #, etc 6. Certificate of Status Desired 59-2683485  Status Pund Pund Pund Pund Pund Pund Pund Pund	Last Report 1996 Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
CLASSIC GALLERY, INC.  Principal Place of Business  ### Address  ### A	Last Report 1996 Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
STOQ N. ARMENNA AV.   STOQ N. ARMENNA AV.   TTST W. FLETCHER AVE.   TAMPA FL. 38604   TAMPA FL. 3860	Last Report 1996 Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
STOQ N. ARMENNA AV.   STOQ N. ARMENNA AV.   TTST W. FLETCHER AVE.   TAMPA FL. 38604   TAMPA FL. 3860	Last Report 1996 Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
1751 W. FLETCHER AVE. TAMPA FL 33804  2. Principal Place of Business  2a. Mailing Address  5 9 2683485  2b. Mailing Address  5 9 2683485  2c. Walle, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. City & State  2d. Country  2d. Country  2d. Country  2d. December 2d. Suite Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. Country  2d. Country  2d. Country  2d. State  2e. Country  2d. State  2e. Country  2p. Country  2p. Country  2p. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  123 15 OAKLEAF AVENUE TAMPA FL 33812  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of the agent. It am familiar with, and accept the obligations of, Section 607 0505. Florida Statules  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City State  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City State  15. TAMPA FL  16. Certificate of Status Desired  4. City State  5. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  7. The Fill Number State State State State State State Stat	Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
TAMPA FL 38604 US  1AMPA FL 38604-5716 US  3. Date incorporated or Qualified	Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
US  US  3. Date Incorporated or Qualified 05/13/1986	Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032,
2. Principal Place of Business 28. Mailing Address 59.2683485  Suite, Apt #, etc. 50. Certificate of Status Desired 59.2683485  Suite, Apt #, etc. 50. Certificate of Status Desired 40. Certificate of Status Des	Applied For Not Applicable 8.75 Additional Fee Required 55.00 May Be Added to Fees under s. 199.032,
Suite, Apt #, etc. Suite	Not Applicable B.75 Additional Fee Required 55.00 May Be Added to Fees under s. 199.032,
Suite, Apt #, etc  22  City & State  Relication Campaign Financing Trust Fund Contribution  Trust Fund Co	8.75 Additional Fee Required 55.00 May Be Added to Fees under s. 199.032,
City & State  Country  Coun	Fee Required 65.00 May Be Added to Fees under s. 199.032,
City & State  Country  Country  Country  Country  Replaced Agent  P. Name and Address of Current Registered Agent  P. Name and Address of Current Registered Agent  Replaced Agent  Divide Statutes  City & State  Provide Statutes  City & State  Provide Statutes  City & State  Replaced Agent  Country  Replaced Agent  Country  Replaced Agent  Replaced Agent  Replaced Agent  Replaced Agent  Replaced Agent  City  FL  Cit	Added to Fees under s. 199.032,
Zip Country Zip Country 29 30 S. This corporation has liability for intangible tax Florida Statules Yes 1 Point Address of Current Registered Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent Agent 10. Name and Address of New Registered Agent 10	under s. 199.032,
Provide Statutes	<b>&gt;</b>
BROOKS, CAROLE 12315 OAKLEAF AVENUE TAMPA FL 33612  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 che 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or puriod mene of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. TITLE  DELETE  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. TAMPA FL	
BROOKS, CAROLE 12315 OAKLEAF AVENUE TAMPA FL 33612  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  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 che 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 appoint agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature hybrid or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when rematating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS 12. STREET ADDRESS 12. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. City-ST-ZIP  TILE  DELETE  14. City-ST-ZIP  16. DELETE  25. TILE  16. DELETE  26. TILE  27. TILE	
12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. PD  15. PD  16. OFFICERS AND DIRECTORS  17. PD  18. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. AMME  10. BROOKS, CAROLE  11. TITLE  11. TITLE  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. DELETE  15. TITLE  16. DELETE  17. TITLE  18. DELETE  18. TITLE  18. TITLE  19. TITLE  19. TITLE  10. DELETE  19. TITLE  10. DELETE  21. TITLE	
TAMPA FL 33812  84 City  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 choffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature typed or protect name of registered agent and title if applicable (NOTE: Registered Agent algorithm and protections)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  PD  BROOKS, CAROLE  12. NAME  12. NAME  13. STREET ADDRESS  CITY-ST-ZIP  TILE  DELETE  14. CITY-ST-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 choffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature required when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITILE  PD  BROOKS, CAROLE  1.1 TITLE  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE	<del></del>
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 che 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hybrid or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS  TITLE  DELETE  1.1 TITLE  DELETE  1.2 NAME  1.3 STREET ADDRESS  CITY: S1-2IP  TILE  DELETE  2.1 TITLE	
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 che 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURIF  Signature byted or printed name of registered agent and tiltor if applicable (NOTE: Registered Agent signature required when reinstating).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITHE  PD  BROOKS, CAROLE  1.2 NAME  SIREEL ADDRESS  CITY-ST-ZIP  TILLE  DELETE  2.1 TILLE	Zip Code
SIGNATURE   Signature system or period or period or period or period agent end title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	1
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DI  TITLE  PD  BROOKS, CAROLE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE	ent as registered
DELETE	ECTORS IN 12
NAME BROOKS, CAROLE 12 NAME STREET ADDRESS 12315 OAKLEAF AVENUE 1.3 STREET ADDRESS CITY - ST - ZIP TITLE 1.5 DELETE 2.1 TITLE	Change Addition
STREET ADDRESS CITY-ST-2IP TILE  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  DELETE 2.1 TITLE	
TITLE DELETE 2.1 TITLE	
NAME 22 NAME	Change
STREET ADDRESS . 23 STREET ADDRESS	
CITY-ST 72P 2.4 CITY-ST-72P DELETE 3.1 TITLE	Change
NAME 32 NAME	Mende T Mondo
STHEET ADDRESS 3.3 STREET ADDRESS	
City-St-ZIP	
······································	Change Addition
NAME 4.2 NAME	
STHEET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
NAME .	Change Addition
SIRFET ADDRESS	Change Additio
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Change Additio
TITLE THE PROPERTY OF THE PROP	
	Change Addition
TITLE C. DELETE 6.1 TITLE  NAME  STREEL ADDRESS  6.3 STREET ADDRESS	

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.

**FILED** 

Apr 28 1997 8:00am

Secretary of State