

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J26742 (3)

1. Corporation Name
CLASSIC REALTY OF CAPE CORAL INC.

Principal Place of Business 1500 SE 47TH TERRACE CAPE CORAL FL 33904 US	Mailing Address 1500 SE 47TH TERRACE CAPE CORAL FL 33904-9639 US
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1986		3a. Date of Last Report 04/15/1996	
21 4426 SE 16 PLACE	26 4426 SE 16 PLACE			4. FEI Number 59-2700284		Applied For Not Applicable	
22 SUITE #2	27 SUITE #2			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 CAPE CORAL FL	28 CAPE CORAL FL			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33904	25 US	29 33904	30 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JANSON, CLAUDE 1503 SE 47 TERR CAPE CORAL FL 33904				10. Name and Address of New Registered Agent			
				81 Name	MICHELLE PHILLIP		
				82 Street Address (P.O. Box Number is Not Acceptable)	2609 S.W. 42 LN		
				83			
				84 City	CAPE CORAL	FL	85 Zip Code 33914

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: Michelle Phillip **MICHELLE PHILLIP**
Signature of officer or director of corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VS	<input type="checkbox"/> DELETE		1.1 TITLE	P. & T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIP, MICHELLE			1.2 NAME			
STREET ADDRESS	2809 SW 42 LN			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE			
NAME	JANSON, CLAUDE			2.2 NAME	RESIGN 6-12-96		
STREET ADDRESS	5121 SUNNYBROOK COURT 28			2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP			
TITLE	V. & S.	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEVIN FARRELL			3.2 NAME			
STREET ADDRESS	1009 S.E. 22 TER.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Michelle Phillip **MICHELLE PHILLIP** **941-945-4990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)