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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

Principal Place of Business

4426 SE 16 PLACE

CAPE CORAL FL 33904

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

SUITE #2

21

22

23

24

Zip

J26742

(3)

Mailing Address

SUITE #2

26

27

28

4426 SE 16 PLACE

2a. Mailing Address

City & State

CAPE CORAL FL 33904

Suite, Apt. #, etc.

CLASSIC REALTY OF CAPE CORAL INC.

Country

FILED May 19 1998 8:00am Secretary of State



\$5.00 May Be

Added to Fees

6. Election Campaign Financing

Trust Fund Contribution

Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes ☐ No 29 30 e. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILLIP, MICHELLE 2000 SW 42 LANE Street Address (P.O. Box Number is Not Acceptable) 82 CAPE-BORAL FL-99014: 83 84

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signatore, typical or printed nurse of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change PHILLIP, MICHELLE NAME 1.2 NAME 2609 SW 42 LN STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-\$T-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME FARRELL, KEVIN 2.2 NAME 1009 SE 22 TERR. STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.