Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90029 036 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J33795**

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP:

CLASSIC ENDEAVORS, INC.

860 DYSON DR WINTER SPRINGS FL 32708-4850 US		% Borron J. Owen. Jr. 860 Dyson dr Winter Spgs. Fl 32708 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/18/1986			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26			59-2724089		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	9	City & State	+		** 6. Election Campaign Financing Trust Fund Contribution	*	00 May Be ed to Fees
Zip 24	Country	Zip 30	Country		This corporation owes the current y Personal Property Tax.	☐ Yes	XNo
1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	stered Agent	
	-		81	Name			{
	in, Borron J., Jr. Dyson Dr	82 Street		Street Add	Address (P.O. Box Number is Not Acceptable)		
WINT	TER SPGS. FL 32708		83				
[84	City		FL 85 Z	ip Code
office or n	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida, Such change was authorations of, Section 607.0505, Florida	Statutes	tne corporat	3)	рате	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DP	☐ DELETE	1.1 TITLE			Chan	ge 🗌 Addition
NAME '	OWEN, BORRON J., JR.		1.2 NAME	1			ţ
STREET ADDRESS	860 DYSON DR		1,3 STREET	ADDRESS			
CITY-ST-ZIP	WINTER SPGS FL		1.4 CITY-S	T-ZIP		Chan	ge MAddition
TITLE :	DV	☐ DELETE	2.1 TITLE			Clian	ge
NAME	OWEN, MARCEA H.		22 NAME				
STREET ADDRESS	860 DYSON DR		2.3 STREET	1			
CITY-ST-ZIP.	WINTER SPGS FL	¹ □ DELĒTE	2.4 C/TY-S	T-ZIP		. Chan	ge Addition
TITLE NAME			3.2 NAME			_	\
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S				
TITLE		☐ DELETE	4,1 TITLE			☐ Chan	ge ☐ Addition
NAME			4, 2 NAME	1			
STREET ADDRESS			4,3 STREE	F ADDRESS			ı
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE .		☐ DELETE	5.1 TITLE			☐ Chan	ge Addition
NAME	,		5.2 NAME				
STREET ADDRESS	·		5.3 STREE	ì			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP		Chan	ge Addition
TITLE		i nere ie	6.2 NAME			L. Ollan	9- LI (10010011
NAME			6.3 STREE	LALVODESS			
STREET ADDRESS	I		O'S STREET	- AUUNESO			

6.4 CITY-ST-ZIP 14. I 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 12 for Block 12 for