FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 31 1996 8:00 am
Secretary of State

DOCUMENT # **K16083** **(3)**

1. Corporation Name
CLASSIC VENTURES DIVERSIFIED, INC.

Principal Place of Business
1461 BANKS RD.
MARGATE FL 33063

Mailing Address
P.O. BOX 636012
ATTEN: DOUG SINCLAIR
MARGATE FL 33063-6012
US

3. Date Incorporated or Qualified: **02/25/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: **65-0033807** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
LITTLE, BRUCE H., PA
1881 NE 26TH STREET
STE 40
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is executed by its officer or director, or, if it is a change of registered agent, by the registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	**PST**	[ ] DELETE
NAME	**SINCLAIR, DOUGLAS B.**	
Street Address	**1926 RIVER OAKS DR.**	
City-St-Zip	**FT. LAUDERDALE FL**	
TITLE		[ ] DELETE
NAME		
Street Address		
City-St-Zip		
TITLE		[ ] DELETE
NAME		
Street Address		
City-St-Zip		
TITLE		[ ] DELETE
NAME		
Street Address		
City-St-Zip		
TITLE		[ ] DELETE
NAME		
Street Address		
City-St-Zip		
TITLE		[ ] DELETE
NAME		
Street Address		
City-St-Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 Title	[ ] Change	[ ] Add
12 NAME		
13 Street Address		
14 City-St-Zip		
21 Title	[ ] Change	[ ] Add
22 NAME		
23 Street Address		
24 City-St-Zip		
31 Title	[ ] Change	[ ] Add
32 NAME		
33 Street Address		
34 City-St-Zip		
41 Title	[ ] Change	[ ] Add
42 NAME		
43 Street Address		
44 City-St-Zip		
51 Title	[ ] Change	[ ] Add
52 NAME		
53 Street Address		
54 City-St-Zip		
61 Title	[ ] Change	[ ] Add
62 NAME		
63 Street Address		
64 City-St-Zip		

14. I do hereby certify that the information supplied with this report is accurate, complete and current as of the date of this report and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I certify that I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes, 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 above, or in a separately attached list, with my title.

SIGNATURE: 05/28/96 554-468-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone #

CR2E034 (12/95)