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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K67659

(8)

REUNION CLASSICS, INC.

		HILEI	)
Apr	10	1997	8:00am
Se	cre	tary c	of State



Principal Place of Business 1769 LAKESHORE DR. N. 1769 LAKESHORE DR. NORTH ORANGE PARK FL 32073-7729 US		Mailing Address P.O. BOX 897 1769 LAKESHORE DR. NORTH ORANGE PARK FL 32087-0897 US		3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1989 04/16/1996			
2. Pencioal Pl	lacc of Business	2a. Mailing Address		·	4. FEI Number	וטו ויט וסס	Applied For
21	KIN OF LOSSINGS	26			59-2947238	<u> </u> -	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				\$8.7	5 Additional
22		27			5. Certificate of Status Desired	1 1 4	e Required
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Zip Country		Zip Country		8. This corporation has liabifity for intangible tax under s. 199.032,			
24	25	29	30			Yes 🔲 No	
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	glatered Agent	
SUG	GS, CONSTANCE C.		8	1 Name			
	LAKESHORE DR. NORTH		la	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
ORA	NGE PARK FL 32073			_ Ourout run		,	
			8	3			
			-	4 City		<b>85</b> 2	Zip Code
			•	City		FL  °°   ′	up code
\$!GNATURE 12.	Sign of the Gap of the protect name of registered agree OF FICERS AND	DIRECTORS	13.		ured when reinstaling) ADDITIONS/CHANGES TO OFFICE		
11/1.6	P CHOCK CONSTANCE C	DELETE	1.1 TITLE			Chan	nge Addition
NAME	SUGGS, CONSTANCE C. 1769 LAKESHORE DRIVE N		1.2 NAM	ĺ			
STREET ADDRESS	ORANGE PARK FL			ET ADDRESS			
Offy S1-7P	VP VP	DELETE	2.1 TITL	-ST-ZIP		Chan	nge Addition
NAME	SUGGS, EUGENE R., SR.	Land Decert	2.1 HE			01.0.1	igo
STREET ADDRESS	1769 LAKESHORE DRIVE N			EFT ADDRESS			
CRY ST Zin	ORANGE PARK FL		- 1	r-St-ZiP			
TIFLE		DELETE	3.1 TITU			☐ Chan	nge Addition
NAME			3.2 NAM	IE			
\$18611 A009655			3.3 STR	EET ADDRESS			
OHY ST-7IP			3.4. CIT	Y-\$T-ZIP			
TITLE		DELETE	4.1 THL	E		Chan	nge Addition
NAME			4. 2 NAM	AE			
STREET ADDIRESS			4.3 STR	EET ADDRESS			
CHY St 200			4.4 CITY	'-ST-ZIP		·····	
1:1) F		☐ DELETE	5.1 TITL	E		[] Chan	nge [ Addition
MAME			5.2 NAM			*	
STREET ADDRESS			1	EET ADDRESS			
CHY-SI-ZO		DELETE		'-ST-ZiP		Char	nge Addition
TIFLE		☐ DELETE	6 1 TITL	1		L Char	iñe 🗖 viranioti
NAME NAME - 100 c. 22			6 2 NAM				
STREET ADDRESS				EET ADORESS			
City - 51 - 749	by certily that the information evention	d with this filing done not qual		'-ST-ZIP	ed in Section 119 07(3)(i) Florida Statute	e I further certify	that the

I do hereby certify that the information supplied with this filing does not quality 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 Lam 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:**