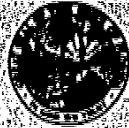


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 PM 12:01

DOCUMENT # **L07940** (4)

1. Corporation Name
CLASS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2090 S. TAMiami TRAIL OSPREY FL 34229-9162 US	2090 S. TAMiami TRAIL OSPREY FL 34229-9162 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/09/1989		3a. Date of Last Report 03/10/1994	
2. Principal Place of Business		4. FEI Number 59-2975415	
21	2a. Mailing Address	Applied For Not Applicable	
Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent
**DEMARCO, LOU SR.
3666 TORREY PINES WAY
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81 Name	STEVEN DEMARCO		
82 Street Address (P.O. Box Number is Not Acceptable)	2090 S. TAMiami TRAIL		
83			
84 City	OSPREY	85 Zip Code	FL 34229

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: *Steven Demarco* **STEVEN DEMARCO, TREASURER** DATE: **4/3/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, LOU, SR.	1.2 NAME	
STREET ADDRESS	3666 TORREY PINES WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, LOU, JR.	2.2 NAME	
STREET ADDRESS	6101 34TH STREET W-12G	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, STEVEN S.	3.2 NAME	
STREET ADDRESS	2090 S. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	OSPREY FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, CURTIS H.	4.2 NAME	
STREET ADDRESS	13510 NW 6TH DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Steven Demarco* DATE: **4/3/95** TELEPHONE: **813-966-3399**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STEVEN DEMARCO, TREASURER**