

**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

DOCUMENT # **L07940** (4)

1. Corporation Name  
**CLASS ENTERPRISES, INC.**



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

3. Date Incorporated or Qualified: **08/09/1989**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **59-2975415**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Zip: 30 Country: 31

**9. Name and Address of Current Registered Agent**

**DEMARCO, STEVEN  
2090 S. TAMiami TRIAL  
OSPREY FL 34229**

**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 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

Signature type or print name of registered agent (Block 12) if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

PD  DELETE  
NAME: **DEMARCO, LOU, SR.**  
STREET ADDRESS: **3666 TORREY PINES WAY**  
CITY-STATE-ZIP: **SARASOTA FL**

SD  DELETE  
NAME: **DEMARCO, LOU, JR.**  
STREET ADDRESS: **6101 34TH STREET W-12G**  
CITY-STATE-ZIP: **BRADENTON FL**

TD  DELETE  
NAME: **DEMARCO, STEVEN S.**  
STREET ADDRESS: **2090 S. TAMiami TRAIL**  
CITY-STATE-ZIP: **OSPREY FL**

VD  DELETE  
NAME: **DEMARCO, CURTIS H.**  
STREET ADDRESS: **13510 NW 6TH DR.**  
CITY-STATE-ZIP: **PLANTATION FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. 1 TITLE  Change  Addition  
2. 12 NAME  
3. 13 STREET ADDRESS  
4. 14 CITY-STATE-ZIP

2. 1 TITLE  Change  Addition  
2. 2 NAME  
2. 3 STREET ADDRESS  
2. 4 CITY-STATE-ZIP

3. 1 TITLE  Change  Addition  
3. 2 NAME  
3. 3 STREET ADDRESS  
3. 4 CITY-STATE-ZIP

4. 1 TITLE  Change  Addition  
4. 2 NAME  
4. 3 STREET ADDRESS  
4. 4 CITY-STATE-ZIP

5. 1 TITLE  Change  Addition  
5. 2 NAME  
5. 3 STREET ADDRESS  
5. 4 CITY-STATE-ZIP

6. 1 TITLE  Change  Addition  
6. 2 NAME  
6. 3 STREET ADDRESS  
6. 4 CITY-STATE-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 119.07(3)(k), 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: *Steve Demarco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 941-966-3399  
Date Daytime Phone #

CR2E034 (12/95)