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 # **L18211** **(7)**

1. Corporation Name

CLASSIC REALTY, INC.

Principal Place of Business	Mailing Address
~~308 W MARION AVENUE~~ 1609 W. MARION AVE UNIT 203 ~~115 WEST OLYMPIA AVE.~~ PUNTA GORDA FL 33950 US	~~308 W MARION AVENUE~~ 1609 W. MARION AVE UNIT 203 ~~115 WEST OLYMPIA AVE.~~ PUNTA GORDA FL 33950 US

3. Date Incorporated or Qualified: **09/25/1989**
3a. Date of Last Report: **06/12/1995**

4. FEI Number: **65-0146439** ☐ 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	2a. Mailing Address
21 1609 W. MARION Ave	26 1609 W. MARION Ave
Suite, Apt. #, etc. 22 UNIT 203	Suite, Apt. #, etc. 27 UNIT 203
City & State 23 PUNTA GORDA, FL	City & State 28 PUNTA GORDA, FL
Zip 24 33950 Country 25 USA	Zip 29 33950 Country 30 USA

9. Name and Address of Current Registered Agent

KONIDES, JIM
1601 WMARION AVENUE
#203
PUNTE GORDA FL 33950

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: _____ 2/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	CONTE, LEONARD P.		1 2 NAME		
STREET ADDRESS	1439 SEA FAN DRIVE		1 3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	CONTE, LEONARD P.		2 2 NAME		
STREET ADDRESS	1439 SEA FAN DRIVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard P. Conte 2/1/96 941-639-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)