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

APPROVED AND FILED
95 MAY -1 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55135 (2)

1. Corporation Name
CLASSIC CUE, INC.

Principal Place of Business
122 S US 1
2204 2ND ST. S.W.
VERO BEACH FL 32962
US

Mailing Address
% ROBERTA L. BISHOP
2204 2ND ST. S.W.
VERO BEACH FL 32962

(Document Number of Corporation)

3. Date of Incorporation or Qualification: 03/02/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number: 59-3017160 ☐ Applied For ☐ Not Applicable

Name and Address 22
Name and Address 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State 23
City, State 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has been, for tax purposes under S. 1361 of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BISHOP, ROBERTA L.
2204 2ND ST. S.W.
VERO BEACH FL 32962

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 607.1505, 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 607.1505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	BISHOP, ROBERTA L.	2. NAME	
STREET ADDRESS	2204 2ND ST. S.W.	3. STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

14. I 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 added by attachment with an address.

SIGNATURE: Roberta L. Bishop 4-28-95 769-8245
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078166 CP