

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

APPROVED  
AND  
FILED

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L65339** (8)

1. Corporation Name  
**SEW CLASSIC, INCORPORATED**

Principal Place of Business Mailing Address

**34930 US 19 N  
PALM HARBOR FL 34684** **34930 US 19 N  
PALM HARBOR FL 34684**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1990** 3a. Date of Last Report **04/21/1994**

4. FEI Number **65-0186775** 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. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**SCHLEIF, DAVID  
34930 US 19 N  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and 1994 if applicable) (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP

1 SCHLEIF, DAVID 3111 TEAL TERR SAFETY HARBOR FL

TITLE NAME STREET ADDRESS CITY, ST, ZIP

2 SCHLEIF, SUSAN 3111 TEAL TERR SAFETY HARBOR FL

TITLE NAME STREET ADDRESS CITY, ST, ZIP

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TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP

**V/D SCHLEIF, DAVID 2723 REDFORD CT. E. CLEARWATER, FL 34621**  Change  Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP

**P/D SCHLEIF, SUSAN 2723 REDFORD CT. E. CLEARWATER, FL 34621**  Change  Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *David Schleif* **DAVID SCHLEIF** 4/27/95 1-813-785-6124

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR