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 # **L70557** **(8)**

1. Corporation Name
AMERICAN CLASSIC CONSTRUCTION, INC.

Principal Place of Business
19150 ACORN ROAD
FORT MYERS FL 33912-3601

Mailing Address
19150 ACORN RD
SUITE 102
FORT MYERS FL 33912
US

2. Principal Place of Business
21 2169 TRAILWINDS DR.
Suite Apt. # etc.
22
City & State
23 FT. MYERS
Zip
24 FL 33907 25 Country LEE

2a. Mailing Address
26 2169 TRAILWINDS DR.
Suite Apt. # etc.
27
City & State
28 FT. MYERS, FL
Zip
29 33907 30 Country LEE

3. Date Incorporation or Qualified: 05/02/1990
3a. Date of Last Report: 02/24/1995
4. FEI Number: 65-0190118 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $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 [X] No

9. Name and Address of Current Registered Agent
CODY, LADONNA J.
6314 CORPORATE COURT
SUITE C-1
FORT MYERS FL 33919

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 607.0505 and 607.1606, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Registered Agent Signature Required for Change of Registered Agent DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PST ARELLANO, JORGE 2169 TRAILWINDS DRIVE FORT MYERS FL	[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP	D ARELLANO, JORGE 2169 TRAILWINDS DRIVE FORT MYERS FL	[ ] DELETE
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TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	[ ] Change [ ] Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	[ ] Change [ ] Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	[ ] Change [ ] Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	[ ] Change [ ] Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	[ ] Change [ ] Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, as amended, furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), 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 is added in Block 13 with an addition.

SIGNATURE: 01-31-96 939-3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)