

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2169 TRAILWINDS DR
FORT MYERS FL 33907
US

Mailing Address
2169 TRAILWINDS DR
SUITE 102
FORT MYERS FL 33907-4021
US

3. Date Incorporated or Qualified
05/02/1990

3a. Date of Last Report
02/07/1996

2. Principal Place of Business 21 7273 PEEBLE BEACH RD. Suite, Apt. #, etc. 22 City & State 23 FORT MYERS, FL Zip 24 33912	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 LEE Country 30	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 X Yes <input type="checkbox"/> 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
CODY, LADONNA J.
82 Street Address (P.O. Box Number is Not Acceptable)
3449 FIRST STREET
83
84 City
FORT MYERS FL
85 Zip Code
33901

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 typed or printed name of registered agent (and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ARELLANO, JORGE	
STREET ADDRESS	2169 TRAILWINDS DRIVE	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARELLANO, JORGE	
STREET ADDRESS	2169 TRAILWINDS DRIVE	
CITY - ST - ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: ARTURO (JORGE) ARELLANO JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-97

Date

482-6859

Daytime Phone #

CR2E034 (9/96)