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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

L86703

(0)

CLASSIC COBRA, INC.

Principal Place of Business

Mailing Address



	anks RD Te Fl 33063	1445 BANKS RD MARGATE FL 33063								
						 Date incorporated or Qualified 07/09/1990 	3a. Date o	f Last F 8/04/1		
2. Principal	Prace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				65-0205167			Not Applicable	
	ot. #, etc.	Suite, Apt. #, etc.	F1			5, Certificate of Status Desired	See Required			
Oity & St 23	tale	City & State				6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
2ip 24	Country 25	h		Country		8. This corporation has liability for intangible tax under s 199.032, FlorIda Statutes ☐ Yes ☐ No				
	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered A	gent		
				81	Name					
CALHOUN, STEVEN E. 7525 NW 50 CT				82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33067				83						
				84	City		FL		p Code	
or regis	stered agent, or both, in the State of Flowith, and accept the obligations of, Se	orida: Such change was authoriz action 607.0505, Florida Statutes	ed by the c s.	orpo	oration's boar	ation submits this statement for the puriod of directors. I hereby accept the appointment of the puriod of directors are statement of the puriod when reinstating:				
12.		OFFICERS AND DIRECTORS 13.		Agon	i signature response	ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12	
": " <u>-</u> Till:F	PVS	DELETE		1. 1 TITLE		7.0011011010111111000 10 0111		Change	☐ Addition	
NAME	1	CALLIQUIA OTCACA C		1.2 NAME			_		_	
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CITA - ST - ZIE	CORAL SPRINGS FL		1.4 CITY-ST-Z							
, Girrigi (215) Titus	1	☐ DELETE		2 1 THLE				Change	☐ Addition	
NAMÉ	CALHOUN, STEVEN E.		22 N				_			
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CITY-ST-ZIF	CORAL SPRINGS FL			24 City - St - ZiP						
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	ne l				ADDRESS	•				
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CITY-SY-ZIP		DELETE	6 1 Ti		ST-ZIP		<u> </u>	Change	Addition	
		□ perese						onange		
NAME			6 2 NA		1000000	•				
STREET ADDRES	SS				ADDRESS					
607 - S1 - ZIP	l reby certify that the information supplie	of with this files is voluntarily for	6 4 Cl	IY-S	ST-7(P	or the eveninting stated in Section 110	07(3)(A) Flori	da Stati	dos 16 włose	

certify that the information indicates for 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 cath; 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 in linanged, or open attackment with an address.

SIGNATURE:

Pres. Steven Calhoun

3-12-96

954-970-7258