

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L88607 (1)
1. Corporation Name
CLASSIC CERAMIC ART CO.

Principal Place of Business
9565 CARLYLE AVENUE
SURFSIDE FL 33154

Mailing Address
9565 CARLYLE AVENUE
SURFSIDE FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9509 BAY DR		26 9509 BAY DR		07/19/1990	
22 SURFSIDE FL		27 SURFSIDE FL		4. FEI Number	
23 33154		28 33154		65-0207191	
24 33154		29 33154		5. Certificate of Status Desired	
25		30		X \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing	
27		32		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		33		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		34			

9. Name and Address of Current Registered Agent
JONES, EVAN W.
9565 CARLYLE AVENUE
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name	EVAN JONES
82 Street Address (P.O. Box Number is Not Acceptable)	9509 BAY DR
83	
84 City	SURFSIDE
85 Zip Code	FL 33154

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 7/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	JONES EVAN W
NAME	JONES, EVAN W.	1.2 NAME	
STREET ADDRESS	9565 CARLYLE AVENUE	1.3 STREET ADDRESS	9509 BAY DR
CITY-ST-ZIP	SURFSIDE FL 33154	1.4 CITY-ST-ZIP	SURFSIDE FL 33154
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____

CR2E034 (10/97)