

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90281 047 ***158.75

CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L88607**

1. Corporation Name
CLASSIC CERAMIC ART CO.

Principal Place of Business

9509 BAY DRIVE
SURFSIDE FL 33154
US

Mailing Address

9509 BAY DRIVE
SURFSIDE FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/19/90

4. FEI Number

65-0207191

Applied For

Not Applicable

5. Certificate of Status Desired

A **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.
1353 SW 3rd St

City & State
BOCA RATON FL

Zip
33486

Country
USA

Suite, Apt. #, etc.

1353 SW 3rd St

City & State
BOCA RATON FL

Zip
33486

Country
USA

9. Name and Address of Current Registered Agent

JONES, EVAN W
9565 CARLYLE AVE
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name
JONES, EVAN W.
82 Street Address (P.O. Box Number is Not Acceptable)
1353 SW 3rd St
83
BOCA RATON
84 City
FL

85 Zip Code
33486

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

TITLE	D	☐ DELETE
NAME	JONES, EVAN	
STREET ADDRESS	9565 CARLYLE AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	EVAN W. JONES	
1.3 STREET ADDRESS	1353 SW 3rd St	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 **501-361-2534**

Date

City/State/Phone #

CR2E034 (11/98)