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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52589

(2)

CLASSIC PRINTING GROUP, INC.

FILED

Jul 10 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address					
2029 BIRD AVENUE		3361-UW-107-STREET 1268 SW 10			
MAMI FL 3913		MIAMI FL 33167-3714	LANE		
		ľ	HAMI FLM 38176	3. Date Incorporated or Qualified 05/22/1987	3a. Date of Last Report 03/04/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2808901	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	XOLPH, LARRY		B1 Name		
	9 BIRD AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptate	ole)
MIAI	MI FL		63		
			83		
			84 City		FL 85 Zip Code
11 Digeriant	to the provisions of Sections 607 051	02 and 607 1508 Florida Statu	ites the above-named corr	poration submits this statement for the p	
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized by the corporal	lion's board of directors. I hereby acce	pt the appointment as registered
	IT TAMINIAL WITH, AND ACCEPTAGE OBIG		nonda Statules.		7/6/97
SIGNATURE	Signature, typed or printed name of registered ag		OTE: Registered Agent signature requi	red when re-instating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	RUDOLPH, LARRY		1.2 NAME		
STREET ADDRESS	2829 BIRD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL.		1.4 City - ST - ZiP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ otteit	3.1 TITLE		Change E Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP		•	3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	-		4.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	! ".		4.4 CITY-ST-ZIP		
TITLE		☐ DELĒTE	5.1 TITLE		☐ Change ☐ Addition
NAME		;	5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST+ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1 0 0 1 10	6.4 CITY-ST-ZIP		17 11 27 2 1 1
14. I do heret informatio	by certify that the information supplies in indicated on this annual report or	ed with this filing does not qua supplemental annual report is	ility for the exemption stated frue and accurate and that	d in Section 119.07(3)(i), Florida Statute I my signature shall have the same lega	es, I turther certify that the al effect as if made under oath: that
I am an of		ir the receiver or trustee empo	wered to execute this repor	rt as required by Chapter 607, Florida 5	