

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

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Apr 23 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 # M73106 (0)
1. Corporation Name
CLASSIC MARBLE WORKS, INC.



Principal Place of Business: 2012 S. COMBEE RD. LAKELAND FL 33801
Mailing Address: 2012 S. COMBEE RD. LAKELAND FL 33801-6856

3. Date Incorporated or Qualified: 03/22/1988
3a. Date of Last Report: 05/01/1996

21. Principal Place of Business 2012 S. Combee Rd Suite, Apt. #, etc.	22. City & State Lakeland, FL	23. Zip 33801	24. Country FL	25. Country FL	26. Mailing Address 2012 S. Combee Rd Suite, Apt. #, etc.	27. City & State Lakeland, FL	28. Zip 33801	29. Country FL	30. Country FL	4. FEI Number 59-2917132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required						
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					\$5.00 May Be Added to Fees						
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No											

8. Name and Address of Current Registered Agent SANDERS, RUTH ANN 2012 S. COMBEE RD. 6610 SWEETBRIAR LANE LAKELAND FL 33801					10. Name and Address of New Registered Agent						
					81. Name Otte, Richard E.						
					82. Street Address (P.O. Box Number is Not Acceptable) 2012 S. Combee Rd						
					83.						
					84. City Lakeland	85. Zip Code 33801					

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: Richard E. Otte, President, 3-11-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, WILLIAM DALE			12 NAME	Otte, Richard E.		
STREET ADDRESS	6610 SWEET BRIAR LN			13 STREET ADDRESS	5917 April St		
CITY - ST - ZIP	LAKELAND FL			14 CITY - ST - ZIP	Lakeland, FL 33813		
TITLE	PST	<input checked="" type="checkbox"/> DELETE		21 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, RUTH A.			22 NAME	Otte, Menelle		
STREET ADDRESS	6610 SWEET BRIAR LN			23 STREET ADDRESS	5917 April St		
CITY - ST - ZIP	LAKELAND FL			24 CITY - ST - ZIP	Lakeland, FL 33813		
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	100002154401	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME	-04/25/97--01004--021		
STREET ADDRESS				63 STREET ADDRESS	***165.00		
CITY - ST - ZIP				64 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: Richard E. Otte, President, 3-11-97 (94) (667) 0451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)