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FILED

May 01 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 # M83025

1. Corporation Name

CLASSIC PROPERTIES / INV. INC.

Principal Place of Business

501-B EAST OAK ST  
KISSIMMEE FL 34744

Mailing Address

501-B EAST OAK ST  
KISSIMMEE FL 34744

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

59-2893546

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

LEONARD MECKALAVAGE

82. Street Address (P.O. Box Number is Not Acceptable)

2607 EAGLES NEST CT

83. (ORLANDO FL 32837

84. City

FL

85. Zip Code

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 officer 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

Leonard Meckalavage

4-28-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME MECKALAVAGE, LEONARD  
2. STREET ADDRESS 2607 EAGLES NEST CT  
3. CITY, ST, ZIP ORLANDO FL 32837

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY, ST, ZIP

15. NAME  
16. STREET ADDRESS  
17. CITY, ST, ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP

18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY, ST, ZIP

21. NAME  
22. STREET ADDRESS  
23. CITY, ST, ZIP

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY, ST, ZIP

24. NAME  
25. STREET ADDRESS  
26. CITY, ST, ZIP

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY, ST, ZIP

27. NAME  
28. STREET ADDRESS  
29. CITY, ST, ZIP

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY, ST, ZIP

30. NAME  
31. STREET ADDRESS  
32. CITY, ST, ZIP

71. TITLE  
72. NAME  
73. STREET ADDRESS  
74. 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 is stated 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: Leonard M. Meckalavage  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97  
Date

461-933-2767  
Daytime Phone #

CR2E034 (9/96)