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FILED  
Mar 06 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 # M84227 (1)

1. Corporation Name  
CLASSIC CHEVY INTERNATIONAL, INC.



Principal Place of Business

C/O DENNIS CLARK  
8235 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810

Mailing Address

C/O DENNIS CLARK  
8235 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810-2660

2. Principal Place of Business

21 8235 N. Orange Blossom Tr.

2a. Mailing Address

26 P.O. Box 607188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32810

Country

Zip

29 32860

Country

30

3. Date Incorporated or Qualified

05/27/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2892376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CLARK, DENNIS  
8235 N ORANGE BLOSSOM TRAIL  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

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

83

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUCE, JAMES A. J	
STREET ADDRESS	8235 N ORANGE BLOSSOM TR	
CITY- ST- ZIP	ORLANDO FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLARK, DENNIS	
STREET ADDRESS	8235 N ORANGE BLOSSOM TR	
CITY- ST- ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINN, JOHN	
STREET ADDRESS	8235 N ORANGE BLOSSOM TRAIL	
CITY- ST- ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WHITAKER, JOE	
STREET ADDRESS	8235 N ORANGE BLOSSOM TRAIL	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DETTLAFF, PAUL	
STREET ADDRESS	8235 NO ORANGE BLOSSOM TRI	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/97

CR2E034 (9/96)