


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90078 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N18060 1. Corporation Name CLASSIC CRUISERS CAR CLUB, INC.			
Principal Place of Business 10524 VERSAILLES BLVD CLERMONT FL 34711 US		Mailing Address 10524 VERSAILLES BLVD CLERMONT FL 34711 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/03/1986 4. FEI Number 59-2755063 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	
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9. Name and Address of Current Registered Agent MADELINE, JOSEPH 10524 VERSAILLES BLVD CLERMONT FL 34711				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			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADELINE, JOSEPH E		1.2 NAME		
STREET ADDRESS	10524 VERSAILLES BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBER, CHUCK		2.2 NAME		
STREET ADDRESS	7961 NORMANDY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRIMAR FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULLEN, JIM		3.2 NAME		
STREET ADDRESS	10915 NW 20 DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: *Joseph Madeleine* **MADELINE, JOSEPH E** *4-1-99* **352-242-1249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/198)