FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:20

DOCUMENT # N35165 (2)

1. Corporation Name
CLASSIC V-DUBS AND FRIENDS INC.

Principal Place of Business	Mailing Address
P.O. BOX 26113 TAMARAC FL 33320-6113	P.O. BOX 26113 TAMARAC FL 33320-6113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1989
3a. Date of Last Report: 07/11/1994
4. FEI Number: NOT APPLICABLE — [X] Applied For [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THURN, JOHN
1321 SW 114 WAY
FORT LAUDERDALE 33325

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	[ ] Change [ ] Addition
NAME	THURN, JOHN	1.2 NAME	
STREET ADDRESS	1321 SW 114 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	[ ] Change [ ] Addition
NAME	PACE, JOHN	2.2 NAME	
STREET ADDRESS	7921 NW 53 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	DVC	3.1 TITLE	[ ] Change [ ] Addition
NAME	HANDLER, NORMAN	3.2 NAME	
STREET ADDRESS	9704 NW 28TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORALS SPRINGS	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	[ ] Change [ ] Addition
NAME	FAUST, JAY	4.2 NAME	
STREET ADDRESS	11650 NW 37TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	CIARLONI, FRED	5.2 NAME	
STREET ADDRESS	7240 NW 45TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDHILL FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	[ ] Change [ ] Addition
NAME	BENENSON, JAY	6.2 NAME	
STREET ADDRESS	2749 NW 10TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Pace John PACE 2/10/95 305 485 9383
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0046A00