

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N35165** (2)

1. Corporation Name

**CLASSIC V-DUBS AND FRIENDS INC.**



Principal Place of Business

P.O. BOX 26113  
TAMARAC FL 33320-6113

Mailing Address

P.O. BOX 26113  
TAMARAC FL 33320-6113

3. Date Incorporated or Qualified  
**11/09/1989**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**THURN, JOHN**  
**1321 SW 114 WAY**  
**FORT LAUDERDALE 33325**

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 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

TITLE ☐ DELETE

NAME **CD**  
STREET ADDRESS **THURN, JOHN**  
CITY-ST-ZIP **1321 SW 114 WAY**  
**FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **DT**  
STREET ADDRESS **PAGE, JOHN**  
CITY-ST-ZIP **7921 NW 53 CT**  
**LAUDERHILL FL**

TITLE ☐ DELETE

NAME **DVC**  
STREET ADDRESS **HANDLER, NORMAN**  
CITY-ST-ZIP **9704 NW 28TH COURT**  
**CORALS SPRINGS**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **FAUST, JAY**  
CITY-ST-ZIP **11650 NW 37TH PLACE**  
**SUNRISE FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **CIARLONI, FRED**  
CITY-ST-ZIP **7240 NW 45TH STREET**  
**LAUDERHILL FL**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **BENENSON, JAY**  
CITY-ST-ZIP **2749 NW 10TH TERRACE**  
**TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)