

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
P.O. BOX 26113 P.O. BOX 26113
TAMARAC FL 33320-6113 TAMARAC FL 33320-6113

3. Date Incorporated or Qualified 11/09/1989 3a. Date of Last Report 04/11/1996
4. FEI Number NOT APPLICABLE 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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	THURN, JOHN	
STREET ADDRESS	1321 SW 114 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PAGE, JOHN	
STREET ADDRESS	7921 NW 53 CT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	HANDLER, NORMAN	
STREET ADDRESS	9704 NW 28TH COURT	
CITY-ST-ZIP	CORALS SPRINGS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAUST, JAY	
STREET ADDRESS	11650 NW 37TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CIARLONI, FRED	
STREET ADDRESS	7240 NW 45TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BENENSON, JAY	
STREET ADDRESS	2749 NW 10TH TERRACE	
CITY-ST-ZIP	TAMARAC FL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address.

CR2E037 (9/96)

954
485-9383