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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47494** (2)

1. Corporation Name

CHARLOTTE CLASSICS & CRUISERS, INC.

Principal Place of Business

Mailing Address

**18633 KLINGLER CIRCLE
PORT CHARLOTTE FL 33948**

**22192 ONEIDA AVE
PORT CHARLOTTE FL 33952
US**

3. Date Incorporated or Qualified

02/21/1992

4. FEI Number

65-0342124

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEDERER, JOEL O.
2733-B TAMiami TRAIL
PORT CHARLOTTE FL 33952**

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 **DP
GRAVAGNA, THOMAS A**
STREET ADDRESS **22192 ONEIDA AVE**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE ☐ DELETE

NAME **DV
BROOKS, THOMAS**
STREET ADDRESS **150 SPYGLASS ALLEY**
CITY-ST-ZIP **CAPE HAZE FL**

TITLE ☐ DELETE

NAME **DS
DENISON, KAREN**
STREET ADDRESS **987 KENNWOOD TERR.**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE

NAME **DT
BROOKS, DARLENE**
STREET ADDRESS **150 SPYGLASS ALLEY**
CITY-ST-ZIP **CAPE HAZE FL**

TITLE ☐ DELETE

NAME **CCP
RAMBO, SCOTT**
STREET ADDRESS **12361 EASHA BLVD**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: **Thomas A. Gravagna DP 1-3-98 624-5962**

CR2E037 (10/97)