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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004904 (7)**

1. Corporation Name

CLASSY CHASSYS OF MARION COUNTY, INC.



Principal Place of Business 10222 SW 74TH TERRACE OCALA FL 34476	Mailing Address 10222 SW 74TH TERRACE OCALA FL 34476-3759
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3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21 6013 SE 21st Ct Suite Apt. #, etc.	2a. Mailing Address 26 6013 SE 21st Ct Suite, Apt. #, etc.	4. FEI Number 59-3356254	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State OCALA FLORIDA	28 City & State OCALA FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 34480	25 Country USA	29 Zip 34480	30 Country USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACQUARRIE, CHRISTOHER J
2303 S.E. 17TH STREET
SUITE 201
OCALA FL 34471**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D Secretary <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENAUD, JAIME	1.2 NAME	Paul Renaud
STREET ADDRESS	6013 S.E. 21ST CT.	1.3 STREET ADDRESS	6013 SE 21st Ct
CITY-ST-ZIP	OCALA FL 34480	1.4 CITY-ST-ZIP	Ocala, Florida 34480
TITLE	D Treasurer <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOVRONSLY, STAN	2.2 NAME	Curtis Weller
STREET ADDRESS	1407 S.E. 9TH AVE.	2.3 STREET ADDRESS	12731 NW 100th St
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	Ocala, Florida 34482
TITLE	D Vice President <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOVRONSKY, LISA	3.2 NAME	Melanie Jardine
STREET ADDRESS	1407 S.E. 9TH AVENUE	3.3 STREET ADDRESS	4265 SE 60th St
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	Ocala, Florida 34480
TITLE	D President <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, PHIL	4.2 NAME	Ellen Butler
STREET ADDRESS	10222 S.W.74TH TERRACE	4.3 STREET ADDRESS	14535 NE 14th St Rd
CITY-ST-ZIP	OCALA FL 34476	4.4 CITY-ST-ZIP	Silver Springs, Fla 34488
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 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 an address.

SIGNATURE: Ellen Butler **Ellen Butler, treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 1997 352-629-7928
Date Daytime Phone # 0065687

CR2E037 (9/96)