04221999-90234-003-$70.00-$70.00

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90234 003 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000377

1. Corporation Name
EXCALIBUR CLASSIC, INC.

542235 - 90329 - 3

Principal Place of Business	Mailing Address
% RAYMOND E. IMPERIAL 1515 N. FEDERAL HWY. #210 BOCA RATON FL 33432	% RAYMOND E. IMPERIAL 1515 N. FEDERAL HWY. #210 BOCA RATON FL 33432

2. Principal Place of Business 21 % RAYMOND E. IMPERIAL	2a. Mailing Address 28	3. Date Incorporated or Qualified 01/22/1998
Suite, Apt. #, etc. 22 #203 1515 N. FED. HWY	Suite, Apt. #, etc. 27	4. FEI Number 65-080-7139 ☐ Applied For ☐ Not Applicable
City & State 23 BOCA RATON, FL	City & State 28	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 33432 25 U.S.A.	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IMPERIAL, RAYMOND E 1515 N. FEDERAL HWY, #210 BOCA RATON FL 33432	81 Name: IMPERIAL, RAYMOND E. 82 Street Address (P.O. Box Number is Not Acceptable): 1515 NO. FEDERAL HWY #203 83 84 City: BOCA RATON FL 85 Zip Code: 33432

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	RAYMOND E. IMPERIAL PRES.- 1515 NO FED. HWY #203 DIRECTOR BOCA RATON, FL. 33432 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES-DIRECTOR PAT PROCHNEY 5901 S.W. 23rd AVE BOCA RATON, FL 33496 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC-TREAS-DIRECTOR ALAN ADDELMAN 8195 S.W. 47th DR CORAL SPRINGS, FL 33067 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/21/99 561-391-9950
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #