

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000377

Entity Name: EXCALIBUR CLASSIC, INC.

FILED  
Jan 28, 2004  
Secretary of State

**Current Principal Place of Business:**

C/O RAYMOND E. IMPERIAL  
1515 NORTH FED HWY SUITE 219  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RAYMOND E. IMPERIAL  
1515 NORTH FED HWY SUITE 219  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 65-0807139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IMPERIAL, RAYMOND E  
1515 N FEDERAL HWY SUITE 203  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: IMPERIAL, RAYMOND E  
Address: 1515 N. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432

Title: VD ( ) Delete  
Name: PROCACCI, PAT  
Address: 5901 NW 23RD. AVE.  
City-St-Zip: BOCA RATON, FL 33496

Title: STD ( ) Delete  
Name: APPLEBAUM, ALLEN  
Address: 8195 NW 47TH DR.  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND E IMPERIAL

PD

01/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date