

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90001 012 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37351

1. Corporation Name  
CLASSIC RETIREMENT CORP

Principal Place of Business  
P.O. BOX 12926  
SALEM OR 97309

Mailing Address  
P.O. BOX 12926  
SALEM OR 97309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 93-0169627	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM  
% C.T. CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P COLSON, WILLIAM E. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	1.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	1.4 CITY-ST-ZIP	
TITLE	V BATY, DANIEL R. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATY, DANIEL R.	2.2 NAME	
STREET ADDRESS	2105 N. 30TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	2.4 CITY-ST-ZIP	
TITLE	S COLSON, BARTON G. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, BARTON G.	3.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	3.4 CITY-ST-ZIP	
TITLE	T BRENDEN, NORMAN L. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.	4.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	4.4 CITY-ST-ZIP	
TITLE	D COLSON, WILLIAM E. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	5.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	5.4 CITY-ST-ZIP	
TITLE	D BRENDEN, NORMAN L. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.	6.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97302	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 607, 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 \_\_\_\_\_ 1-13-99 503 370- 7071 X7209

CR2E034 (1/198)