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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013368 (4)

1. Corporation Name
CLASSIC ELECTRONICS, INC.

Principal Place of Business	Mailing Address
2468 HARBOR COVE DRIVE FT PIERCE FL 34949	2468 HARBOR COVE DRIVE FT PIERCE FL 34949-1561

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0434498 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
TOMCZYK, KENNETH
2468 HARBOUR COVE DRIVE
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent
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 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
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	D	☐ DELETE
NAME	TOMCZYK, KENNETH	
STREET ADDRESS	2468 HARBOUR COVE DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	☐ DELETE
NAME	TOMCZYK, JOSEPH	
STREET ADDRESS	2468 HARBOUR COVE DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	☐ DELETE
NAME	TOMCZYK, WILLIAM	
STREET ADDRESS	2468 HARBOUR COVE DIRVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	☐ DELETE
NAME	TOMCZYK, JOHN	
STREET ADDRESS	2468 HARBOUR COVE DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director, Chairman	☐ Change ☒ Addition
5.2 NAME	Tomczyk, Joseph Jr	
5.3 STREET ADDRESS	2468 Harbour Cove Drive	
5.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
6.1 TITLE	Director	☐ Change ☒ Addition
6.2 NAME	Tomczyk, Gregory	
6.3 STREET ADDRESS	2468 Harbour Cove Drive	
6.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/19/97 407-466-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

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