

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000013368 (4)**

1. Corporation Name

CLASSIC ELECTRONICS, INC.



Principal Place of Business

**2468 HARBOR COVE DRIVE
FT PIERCE FL 34949**

Mailing Address

**2468 HARBOR COVE DRIVE
FT PIERCE FL 34949**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 52 Main Street

Suite, Apt. #, etc.

22

City & State

23 Hackensack N.J.

Zip

24 07840

Country

25 MORRIS

2a. Mailing Address

26 2506 Shadybranch Dr.

Suite, Apt. #, etc.

27

City & State

28 Orlando FL

Zip

29 32822

Country

30 ORANGE

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

Kenneth J. Tomczyk

82 Street Address (P.O. Box Number is Not Acceptable)

2506 Shadybranch Drive

83

84 City

ORLANDO

FL

85 Zip Code

32822

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

7/6/98

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	TOMCZYK, KENNETH
STREET ADDRESS	2468 HARBOUR COVE DRIVE
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TOMCZYK, JOSEPH
STREET ADDRESS	2468 HARBOUR COVE DRIVE
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TOMCZYK, WILLIAM
STREET ADDRESS	2468 HARBOUR COVE DRIVE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TOMCAYK, JOSEPH JR.
STREET ADDRESS	2468 HARBOUR LOVE DR.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TOMCAYK, GREGORY
STREET ADDRESS	2468 HARBOUR LOVE DR.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	I <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	52 Main Street
1.4 CITY-ST-ZIP	Hackensack, N.J. 07840
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	19 Indian Run Rd
2.4 CITY-ST-ZIP	Long Valley, N.J. 07853
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	52 Main Street
3.4 CITY-ST-ZIP	Hackensack, N.J. 07840
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tomczyk, Joseph Jr.
4.3 STREET ADDRESS	19 Indian Run Rd.
4.4 CITY-ST-ZIP	Long Valley, N.J. 07853
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tomczyk, Gregory
5.3 STREET ADDRESS	19 Indian Run Rd.
5.4 CITY-ST-ZIP	Long Valley, N.J. 07853
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tomczyk, John
6.3 STREET ADDRESS	52 Main Street
6.4 CITY-ST-ZIP	Hackensack, N.J. 07840

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.

SIGNATURE

John P. Tomczyk

7/6/98

CR2E034 (5/98)