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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030079 (6)

CLASSIC CAR TUNES CO.

Principal Place of Business			Mailing Address				i andinan sin inen stite naine annie antie naite naite naite	ili abili folli follo ibbi iabi	
12752 SW 88 STREET MIAMI FL 33196			12752 SW 88 STREET MIAMI FL 33186			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		
							04/26/1993		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applied For		
21	]		26 Suite, Apt. #, etc.				65-0410924	Not Applicab	
22	Sulte, Apt. #, etc	c.					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
23	City & State	City & State	& State  Country  30			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country Zip				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
-	9. Name and Address of Current Registered Agent			1501	10. Name and Address of New Registered Agent				
FUNG, CHRISTOPHER					B1	Name			
	8141 SV	N 94 COURT L 33173		1		Street Addre	ddress (P.O. Box Number is Not Acceptable)		
	umani 1.	FALLA			83	<del>.</del>			
					B4	City	Fi	85 Zip Code	

SIGNATURE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE ☐ Change Addition TITLE **FUNG, CHRISTOPHER** NAME 1.2 NAME 8141 SW 94 COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

1/12/98

**FILED** 

Jan 22 1998 8:00am

Secretary of State