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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000083935**1. Corporation Name

CLASSIC RENOVATIONS, INC.

Principal Place	e of Business	Mailing Address			-		V4)EI IUI	11111	. 12192	11121 2111 1001
216 E. CONCORD STREET		216 E. CONCORD STREET								
ORLANDO FL 32801		ORLANDO FL 32801			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
						01/01/1994				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			App	plied For
21		26		_		59-3125557			Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired				dditional
\overline{n}		27	<u>, </u>			J. Certificate of Clarks Desired	<u> </u>			quired
City & State	e	City & State				6. Election Campaign Financing				May Be
23		28		4		Trust Fund Contribution			ded to	Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year	_	igible ⊟Yes		ŪNó
24	9. Name and Address of Currer		30			Personal Property Tax. 10. Name and Address of New Register				Lano .
	9. Name and Address of Curre	it Kegistered Agent	8	31 N	lame	10. Haine and Address of Harrington		Jone		
HILL,	, sheila f									
216 E. CONCORD STREET			82 Street Ad			ess (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32801		8	B3						
}								I I	<u> </u>	
			8	84 (ity		FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ove-n	amed corpo	oration submits this statement for the purpo-	se of cl	nangir	ng its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized b		- ac-moratio	in's board of directors. I bereby accept the a	annoint	ment a	20 100	rietored
agent La	m familiar with, and accept the obliga	tions of Section 607.0505. Flori	da Statute	by ιnε ies.	corporatio		аррони		مع د حر	gister ou
	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	es.	corporatio	n's board of directors. I hereby accept the	эрроли		as 10(jistereu
agent. I a	m familiar with, and accept the obligation of th					I when reinstating) DAT	ſΕ			
	Stgnature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Ac	gent sig			S AND	DIRE	сто	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: F	13.	gent sig		I when reinstating) DAT	S AND		сто	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND D HILL, SHEILA F	nt and title if applicable. (NOTE: F	13. 1.1 TITLE	gent sig	nature required	I when reinstating) DAT	S AND	DIRE	сто	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90091 042 ***150.00

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