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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90023 043 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000017775

CITY-ST-ZIP

SIGNATURE

officer or director of the corporation or the receiver or trustee emp Block 12 or Block 13 if changed, or on an attachment with an add

CLASSIC HOMES AND REMODELERS, INC.

Principal Plac	ce of Business	Mailing Address			1 (88)(88) (10 (8)(1 8)(1 88)(1 88)(1 88)(1		19861 8111 1881
501 S. FLAGLE	er dr	- 501 S. FLAGLER DR.					
#309		#309			a a		
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE		
US		US			<ol> <li>Date Incorporated or Qualifed</li> <li>03/01/1994</li> </ol>	14.7	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 26		26			65-0490798	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	′	8. This corporation owes the current ye		_
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current				10, Name and Address of New Regist	ered Agent	
DAD	PAPORT, JONATHAN F		81	Name	•		
CLA 270	1 TECUMSEH DRIVE	S. INC.	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ST PALM BEACH FL 33409	N. 1. 37 374			t je obstatalne detak michal elektriste etak je	agreen and the second second	
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İ			84	City	Filtre Turks Filtre Agreem Fourt Water much	85 Zip (	Code
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11. Pursuam office or r	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was au cost of Section 607.0505. Flori	s, the above ithorized by ide Statutes	e-named cor the corporat	poration submits this statement for the purpor tion's board of directors. I hereby accept the a	se of changing its appointment as req	registerea gistered
SIGNATURE	am familial with, and accept the obligani	il	ilia viaiviivi	•			
SIGNATURE					and the second second	the state	<u>.</u>
ļ	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agen	nt signature requir	red when reinstating)	ne e	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agen	nt signature requir	red when reinstating)		RS IN 12
	OFFICERS AND			nt signature requir			RS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature requir		S AND DIRECTO	
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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