## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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P94000024185 (8)

DOCUMENT #
1. Corporation Name

CLASSIC CARS & TRADING COMPANY INC.									
Principal Place	of Business	Mailing Address					H (IIIH IIIII) I	ION OTONI KION 1888 DIII	1001
1712 GULF 1 CLEARWATE US	TO BAY BLVD. R FL 34615	1712 GULF TO BAY E CLEARWATER FL 326 US							
		00				3. Date Incorporated or Qualified 03/25/1994		e of Last Report 14/20/1995	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		Applied Fo	
21		26				59-3231940		Not Applic	
Suite, Apt. #	v, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Addition Fee Required	ıal
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta		
24	25	29	30	•		Florida Statutes X Yes		,	
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New I	Registered	Agent	
				81	Name				
	wski, alex Ulf to bay blvd.			82	Street Ac	ddress (P.O. Box Number is Not Acceptal	ole)		
	VATER FL 34615			83					
				84	City		FL	85 Zip Code	
familiar wit	h, and accept the obligations of, Sec Signature, based or printed name of registered ager	tion 607.0505, Florida Statutes	<b>3.</b>			poration submits this statement for the puo oard of directors. I hereby accept the app piece when reinstaing.	DATE	s registered agent. Ta	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	** * * * * * * * * * * * * * * * * * * *		
TITLE	PD	DELETE	111	FLE		÷		Change 🔲 Addi	ition
NAME	KOZŁOWSKI, ALEX		1.2 N.						
STREET ADDRESS	1712 GULF TO BAY BLVD.				ADDRESS				
CITY-SI-ZIP	CLEARWATER FL	Fig Drugge			5T-ZIP			Channa	
TITLE		DELETE	2.17					Change Addi	II(IDII
NAME CYDEET ADDRESS			2.2 N		ADDRESS				
STREET ADDRESS CITY-ST-ZIP					ST- ZIP				
TITLE		[] DELETE	3.17		21-211			Change Add	Sition
NAME		<del></del>	3.2 N	AME					
STREE1 ADDRESS			3.3. \$	STRSE	T ADDRESS				
CITY - ST - ZIP			34C	ITY-S	ST-ZIP				
TITLE		☐ DELETE	4 1 1	IITLE				Change 🔲 Add	fition
NAME			42 N	AME					
STREET ADDRESS			4.3 S	IRECT	ADDRESS				
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TITLE		DELETE.	5 11					Change 🔲 Add	lition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Finant			ST-ZIP			П (hana) - П ***	dition
TITLE		DELETE	6.13					Change Add	וזטוונ
NAME			62 N						
STREET ADDRESS					ADDRESS				
CITY_ST_7IP	į.		640	HY. 9	ST - 71P				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 OF SIGNING OFFICER OR DIRECTOR

Atex Kozlowski 5.8.96 813-441-9040

CR2E034 (12/95)