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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SEP 22 PM 12:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000032826

1. Corporation Name CLASSIC RIVER OAKS, INC.

Principal Place of Business 247 GRAND AVE MASARYKTOWN FL 34609 US

Mailing Address 30 N. RING AVE SUITE 400 TARPON SPRINGS FL 34689

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

KLIMIS, GEORGE N 30 N. RING AVE. SUITE 400 TARPON SPRINGS FL 34689

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City

FL 85 Zip Code

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 for this form)

(DATE)

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for MCKINNEY, CHARLES and CRAWFORD, FRANKIE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entry for MCKINNEY, CHARLES.

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.

SIGNATURE: Charles M. McKinney Pres. CHARLES MCKINNEY

3/4/99 (552) 799-0879

CR2E034 (11/98)