SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
[illegible]

DOCUMENT # P94000045229 (9)

1. Corporation Name

CLASSIC SPORT & HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
2963 NW 27TH ST LAUDER DALE LAKES, FL 33311	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2963 NW 27TH ST	26 2963 NW 27TH ST
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 LAUDER DALE LAKES	City & State: 28 LAUDER DALE LAKES
Zip: 24 33311 Country: 25 FL	Zip: 29 33311 Country: 30 FL

4. FEI Number: 65-0498824 — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. [illegible] ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, GREG A ~~527 N UNIVERSITY DR~~ 2963 NW 27TH ST ~~PLANTATION FL 33324~~ LAUDER DALE LAKES FL 33311	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 when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, GREG A	12 NAME	
STREET ADDRESS	527 N UNIVERSITY DR 2963 NW 27TH ST	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33324 LAUDER DALE LAKES FL 33311	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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.

SIGNATURE: [signature] 6/12/95 305-677-9958
SIGNATURE AND TITLE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0077849 CP