

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000048346 (8)**

1. Corporation Name

CLASS ACT MANAGEMENT, INC.



Principal Place of Business

**7040 LAKE ELEANOR DR.
SUITE 101
ORLANDO FL 32809**

Mailing Address

**7040 LAKE ELEANOR DR.
SUITE 101
ORLANDO FL 32809**

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
09/15/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FFI Number
59-3255123

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**ROBINSON, GLORIA J
1405 W. FAIRBANKS AVE.
SUITE A
ORLANDO FL 32788**

10. Name and Address of New Registered Agent

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 607.1506, 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 obligation of, Section 607.1506, Florida Statutes.

SIGNATURE

Gloria J. Robinson

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P MAYS, FRED A**
STREET ADDRESS **619 JADEWOOD AVE.**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **MAYS, Freda**
1.3 STREET ADDRESS **2784 Falling Tree Cir**
1.4 CITY-ST-ZIP **Orl. FL 32837**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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:

Freda L. Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Freda L. MAYS

8-5-96

240-3340

CR2E034 (12/95)