## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 21 1997 8:00am Secretary of State

| DOCUMENT #                 | P94000048346 | (8) |  |  |
|----------------------------|--------------|-----|--|--|
| CLASS ACT MANAGEMENT, INC. |              |     |  |  |

| ì   | MENT # P9400<br>ACT MANAGEMENT, INC.              | 0048346 (8)   |                                    | 11451485: 118 11011 41411 41511 41511   | AU 840 A44 A44 A44 A44 A44 A44 A44 A44 A44 A |  |
|---|---|---|------------------------------------|---|--|--|
|   |   |   |                                    |   |  |  |
| Principal Plac  | e of Business                                     | Mailing Address   |                                    | I (Antione tin (Att) binii Aniii Belli B                                      | aint abust Atabl tatab Attil Glass Aist (Abi |  |
| 7040 LAKE ELLEANOR DR.<br>SUITE 101<br>ORLANDO FL 32809   |   | 7040 LAKE ELLEANOR DR.<br>SUITE 101<br>ORLANDO FL 32809 |                                    | DO NOT WRITE IN THIS SPACE  |  |  |
|   |   |   |                                    | 3. Date Incorporated or Qualified   | 1  |  |
| 9 Principal P   | lace of Business                                  | 2a. Mailing Address                                     |                                    | <b>06/28/1994</b><br>4. FEI Number  | <b>08/12/1996</b><br>Applied For             |  |
| 2. Principal Place of Business 2a. Mailing Address 21   |   |   | 59-3255123                         | Not Applicable  |  |  |
|   |   | Suite, Apt. #, etc.                                     |                                    |   | \$8.75 Additional                            |  |
| 22 27   |   |   |                                    | Certificate of Status Desired   | Fee Required                                 |  |
| City & Stat   | ···   | City & State  |                                    | Election Campaign Financing     Trust Fund Contribution                       | \$5.00 May Be Added to Fees                  |  |
| Zip   | Country   | Zip   | Country                            | 8. This corporation owes or has p   |  |  |
| 24  | 25]<br>g. Name and Address of Curre               |   | 30                                 | Personal Property Tax due Jun-<br>10. Name and Address of New Ro              |  |  |
| RO  | BINSON, GLORIA J                                  |   | 81 Name                            |   |  |  |
|   | 05 W. FAIRBANKS AVE.                              |   | 82 Street Addre                    | ael L. Moore, Es  | quire  |  |
| SU  | ITE A   |   | 5458                               | Hoffner Avenue  |  |  |
| OR  | LANDO FL 32788                                    |   | 83  Suit                           | e 303   |  |  |
|   |   |   | 84 City Orl                        | ando  | FL 85 Zip Code 32812                         |  |
| office or r   | regi <b>ste</b> red agent, or both, in the State  | e of Florida. Such change was a                         | uthorized by the corporati         | oration submits this statement for the on's board of directors. I hereby acce | 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, Soction 607.0505, Florida Statutes.  SIGNATURE Michael L. Moore, Esquire  7/15/97 |   |   |                                    |   |  |  |
| SIGNATURE   | Signature, typed or printed name of registered ag | on and title if applicable (NOTE                        | Registered Agent signature require | · · · · · · · · · · · · · · · · · · ·   | DATE   |  |
| 12.   |   | ID DIRECTORS  | 13.                                | ADDITIONS/CHANGES TO OFFI   |  |  |
| TITLE   | P P P P P P P P P P P P P P P P P P P             | ☐ DELETE  | 1.1 TOLE                           |   | Change                                       |  |
| NAME<br>CAREET APPRECE  | MAYS, FREDA<br>2784 FALLING TREE CIRCLE           |   | 1.2 NAME                           |   |  |  |
| STREET ADDRESS CITY+ST-ZIP  | ORLANDO FL  |   | 1.3 STREFT ADDRESS                 |   |  |  |
| TITLE   | ONDANDO I E                                       | DELETE  | 1.4 C(1Y-SY-Z(P)<br>2.1 7(TLE      |   | Change Addition                              |  |
| NAME  |   | ·   | 2.2 NAME                           |   |  |  |
| STREET ADDRESS  |   |   | 2.3 STREET ADDRESS                 |   | •  |  |
| CITY-ST-ZIP   |   |   | 2.4 CITY - ST - ZIP                |   |  |  |
| TITLE   |   | ☐ DELETE  | 3 1 THUF                           |   | Change Addition                              |  |
| NAME  |   |   | 3.2 NAME                           |   |  |  |
| STREET ADDRESS  |   |   | 3.3 STREET ADDRESS                 |   |  |  |
| CITY-ST-ZIP   |   | DELETE  | 3.4 CITY-ST-ZIP                    |   | Change Addition                              |  |
| TITLE<br>NAME   |   | [] Mill   | 4.1 TITLE<br>4.2 NAME              |   | Clarige C Accounted                          |  |
| STREET ADDRESS  |   |   | 4.2 NAME 4.3 STREET ADDRESS        |   |  |  |
| CITY-ST-ZIP   |   |   | 4.4 City-St-ZiP                    |   |  |  |
| TITLE   |   | DELETE  | 5.1 TITLE                          |   | Change Addition                              |  |
| NAME  |   |   | 5.2 NAME                           |   | _ • •  |  |
| STREET ADDRESS  |   |   | 5.3 STREET ADDRESS                 |   |  |  |
| CITY-ST-ZIP   | _   |   | 5.4 CITY-S1-ZIP                    |   |  |  |
| TATLE   |   | DELETE  | 6.1 TITLE                          |   | Change Addition                              |  |
| NAME  |   |   | 6.2 NAME                           |   |  |  |
| STREET ADDRESS  |   |   | 6.3 STREET ADDRESS                 |   |  |  |
| CITY_CT_7IP   |   |   | SACITY OF 7th                      |   | i  |  |

64 CITY-S1-ZIP

14. I do 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.

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS P94000048346 (8) DOCUMENT # CLASS ACT MANAGEMENT, INC. Principal Place of Business Mailing Address 7040 LAKE ELLEANOR DR. 7040 LAKE ELLEANOR DR. SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE ORLANDO FL 32809 ORLANDO FL 32809 3a. Date of Last Report 3. Date Incorporated or Qualified .06/28/1994 FEI Number 08/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3255123 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yos 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROBINSON, GLORIA J Michael L. Moore, Esquire 1405 W. FAIRBANKS AVE. reel Address (P.O. Box Number is Not Acceptable) 5458 Hoffner Avenue 82 SUITE A 83 ORLANDO FL 32788 Suite 303 City A4 Zip Code 32812 65 Orlando 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 607.05.05, Florida Statutes. Michael L. Moore, Esquire (NOTE Flog stored Agent signs OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 DELETE Change Addition TITLE 1.1 DILLE MAYS, FREDA NAME 1.2 NAME 2784 FALLING TREE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 217018 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-7IP Change DELFTE Addition TITLE 3.1 TIPLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIF CITY-ST-ZIP TITLE DELETE 4.1 101F Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IF DELLTE Change Addition THILE 5.1 70716 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do horeby 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 eath; 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

((V))