
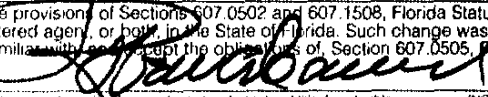
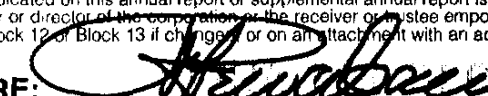


FILED

May 16 1997 8:00am
Secretary of State

<div style="display: flex; justify-content: space-between; align-items: center;"> <div> PROFIT CORPORATION ANNUAL REPORT 1997 </div> <div style="text-align: center;">  </div> <div> FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS </div> </div>	
DOCUMENT # P94000051843 (8)	
1. Corporation Name <div style="border: 1px solid black; padding: 5px; text-align: center;"> CLASSIQUE HOMES, INC. </div>	
Principal Place of Business <div style="border: 1px solid black; padding: 5px;"> 1000 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435 </div>	Mailing Address <div style="border: 1px solid black; padding: 5px;"> 1000 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435-5614 </div>
2. Principal Place of Business <div style="border: 1px solid black; padding: 5px;"> 5913 S. DIXIE HWY Suite, Apt. #, etc. UNIT "C" City & State W.P.B., FLA., Zip 33405 </div>	2a. Mailing Address <div style="border: 1px solid black; padding: 5px;"> 5913 S. DIXIE HWY Suite, Apt. #, etc. UNIT "C" City & State W.P.B., FLA., Zip 33405 </div>
g. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px;"> CARNAVAL, ROBERT A 1000 S FED HWY BOYUNTON EBAHC FL 33435 </div>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div>	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable _____ (NOTE: Registered Agent signature required)	
12. OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 2. TITLE NAME STREET ADDRESS CITY - ST - ZIP
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 4. TITLE NAME STREET ADDRESS CITY - ST - ZIP
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 6. TITLE NAME STREET ADDRESS CITY - ST - ZIP
7. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 8. TITLE NAME STREET ADDRESS CITY - ST - ZIP
9. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 10. TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP
13. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 14. TITLE NAME STREET ADDRESS CITY - ST - ZIP
15. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if change, or on an attachment with an address. <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div>	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	