FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-26-95

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

4397

APPROVED AND FILED

95 APR 25 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062746 (0)

1. Corporation Name

J.T. CLASSICS, INC.

Principal Place of Business	Mailing Address
17401 SW 56 ST FT LAUDERDALE FL 33331	17401 SW 56 ST FT LAUDERDALE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994

3a. Date of Last Report: 08-25-1994

2. Principal Place of Business
21: 9437 SW 52 st
22: Suite, Apt. #, etc.
23: City & State: Cooper City FL.
24: Zip: 33328
25: County: USA

2a. Mailing Address
26: 9437 SW 52 st
27: Suite, Apt. #, etc.
28: City & State: Cooper City, FC.
29: Zip: 33328
30: County: USA

4. FEI Number: 65-0515571 ☐ 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 intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLY, JOHN T
17401 SW 56 ST
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

81 Name: ~~JOHN~~ KELLY JOHN T
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9437 SW 52 ST
84 City: Cooper City FL 85 Zip Code: 33328

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] 042195
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, JOHN T	1.2 NAME	
STREET ADDRESS	9437 SW 52 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33328	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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] 04-21-95 (305) 240 4266
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR Date Daytime Phone #

0238449 CP