

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001763

1. Corporation Name

CLASSY HOMES INC.

Principal Place of Business

732 SUMMERBROOKE DR.
TALLAHASSEE FL 32312

Mailing Address

732 SUMMERBROOKE DR.
TALLAHASSEE FL 32312

2. Principal Place of Business

21 732 SUMMERBROOKE DR.

Suite, Apt #, etc.

22 TALLAHASSEE, FL.

City & State

23 FL.

Zip

24 32312

Country

25 USA

2a. Mailing Address

26 732 Summerbrooke Dr.

Suite, Apt #, etc.

27 Tallahassee

City & State

28 FL.

Zip

29 32312

Country

30 USA

9. Name and Address of Current Registered Agent

KHAZRAEE, BEHZAD

8002 LOVE RIDGE

TALLAHASSEE FL 32312

732 SUMMERBROOKE DR.
TALLAHASSEE, FL.
32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 732 Summerbrooke Dr.

84 City

Tallahassee,

FL

85 Zip Code

32312

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

(Print) Registered Agent's name and title if applicable

Date

12. OFFICERS AND DIRECTORS

TITLE	PVS	[] DELETE
NAME	KHAZRAEE, BEHZAD	732 SUMMERBROOKE DR.
STREET ADDRESS	8002 LOVE RIDGE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	Tallahassee, FL 32312
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

13.
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

700002792267

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****150.00 ****150.00

[] Change [] Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE:

BEHZAD KHAZRAEE, Behzad Khazraee 2-24-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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