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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000015554 (5)

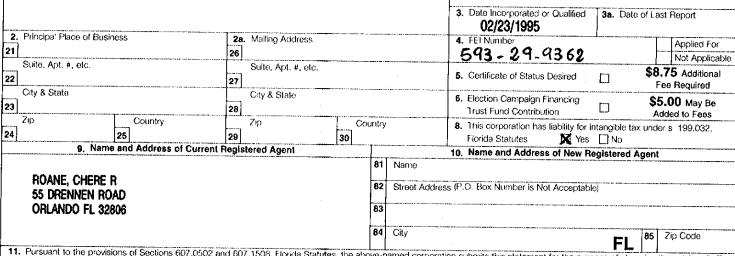
DOCUMENT # Corporation Name CLASSIC FINDS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

55 DRENNEN ROAD ORLANDO FL 32806

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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 attended the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _									
Signature, typed or printed name of registered agent and title Lappincable (NOTs: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE	1 1 THILE		☐ Change	☐ Addition			
NAME	ROANE, CHERE R	•	1.2 NAME						
STREET ADDRESS	517 W. 18TH STREET		1.3 STREET ADDRESS						
CITY-\$1-ZIP	ORLANDO FL 32805		1.4 CITY - \$1 - ZIP						
TITLE	D	DEFELE	2. 1 TOLE		Change	Addition			
NAME	Wasnaire, Pascal		2.2 NAME		1				
STREET ADDRESS	517 W. 18TH STREET		2.3 STREET ADDRESS	4					
CHY-ST-ZIP	ORLANDO FL 32805		2.4 CITY-ST-ZIP						
TITLE		[] DELETÉ	3 1 TITLE		Change	Addition			
NAME			3.2 NAME		hadg				
STREET ADDRESS			3.3. STREET ADDRESS						
CITY-ST-ZIF			3.4 C/TY - ST - 7IP						
TITLE		DELETE	4. 1 7 ITLE		Change	Maddition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS			İ			
CITY - ST - ZIP	<u></u>		4.4 CHY-ST-ZIP						
TITLE		[] DELETE	5. 1 TITLE		[] Change	Addition			
NAME			5.2 NAME	•		beard			
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 0/TY+ST+Z/P						
TITLE		DELE 1E	6. 1 THLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY - S1 - ZIP			6.4 CITY-ST-7IP						

14. Ido 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:

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 4/29/96 859-8734