

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015554 (5)
1. Corporation Name
CLASSIC FINDS INTERNATIONAL, INC.



Principal Place of Business 45 DRENNEN ROAD ORLANDO FL 32806 45	Mailing Address 45 DRENNEN ROAD ORLANDO FL 32806 45
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 45 Drennen Rd Suite, Apt. #, etc. 22 Orlando FL City & State 23 32806 Zip 24 32806 Country		2a. Mailing Address 26 45 Drennen Rd Suite, Apt. #, etc. 27 Orlando FL City & State 28 32806 Zip 29 32806 Country		3. Date Incorporated or Qualified 02/23/1995	
2. Principal Place of Business 21 45 Drennen Rd Suite, Apt. #, etc. 22 Orlando FL City & State 23 32806 Zip 24 32806 Country		2a. Mailing Address 26 45 Drennen Rd Suite, Apt. #, etc. 27 Orlando FL City & State 28 32806 Zip 29 32806 Country		4. FEI Number 59-3299362	
2. Principal Place of Business 21 45 Drennen Rd Suite, Apt. #, etc. 22 Orlando FL City & State 23 32806 Zip 24 32806 Country		2a. Mailing Address 26 45 Drennen Rd Suite, Apt. #, etc. 27 Orlando FL City & State 28 32806 Zip 29 32806 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 45 Drennen Rd Suite, Apt. #, etc. 22 Orlando FL City & State 23 32806 Zip 24 32806 Country		2a. Mailing Address 26 45 Drennen Rd Suite, Apt. #, etc. 27 Orlando FL City & State 28 32806 Zip 29 32806 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 45 Drennen Rd Suite, Apt. #, etc. 22 Orlando FL City & State 23 32806 Zip 24 32806 Country		2a. Mailing Address 26 45 Drennen Rd Suite, Apt. #, etc. 27 Orlando FL City & State 28 32806 Zip 29 32806 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROANE, CHERE R 45 DRENNEN ROAD ORLANDO FL 32806		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 45 Drennen Rd 83 84 City Orlando FL 85 Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (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	
NAME	ROANE, CHERE R	1.2 NAME	
STREET ADDRESS	45 DRENNEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WASNAIRE, PASCAL	2.2 NAME	
STREET ADDRESS	45 DRENNEN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: WASNAIRE

CR2E034 (10/97)