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

PROFIT CORPORATION ANNUAL REPORT

1996

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000019610 (1)

Mailing Address

CLASSIC EXPORTS, INC.

| 900 | MO | SEGRAVE | STREET | INIT | • |
|-----|-----|---------|----------|------|----|
| | | | | | •• |
| DAY | TON | A REACH | FI 32114 | | |

800 NO. SEGRAVE STREET UNIT A DAYTONA BEACH FL 32114

| | | | | | 3. Date Incorporated or Qualified 3a. Date 03/01/1995 | of Last Report | |
|---|---|---|------------|----------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | | |
| 21 | | 26 | | 59.3299071 | Not Applicable | | |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 | | 27 | | | 1.5.000 | | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country 25 | Ζίρ 29 | Cour | itry | This corporation has liability for intangible to Florida Statutes Yes □ No | ax under s. 199.032, | |
| 24 | 9. Name and Address of Currer | | 1001 | | 10. Name and Address of New Registered | Agent | |
| | 5. Hallo did ridates of carre | | | 81 Name | | | |
| SKARG | EE, NAIEM H | | ŀ | 82 Street A | Address (P.O. Box Number is Not Acceptable) | | |
| |). SEGRAVE STREET UNIT A | | - | 83 | | | |
| DATIO | NA BEACH FL 32114 | | - | 84 City | ■ . 85 Zrp Code | | |
| | | | | | FL | - | |
| or registered familiar with SIGNATURE | the provisions of Sections consistent a agent, or both, in the State of Flori , and accept the obligations of, Section gnature, typed or printed name of registered agen | da. Such change was authorize tion 607.0505, Florida Statutes. | a by the c | orporation's | rporation submits this statement for the purpose of ch board of directors. I hereby accept the appointment a squired when renstating). DATE | o registor do ego , a | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | PD | ☐ DELETE | 1. 1 TI | TLE | | ☐ Change ☐ Addition | |
| NAME | SKARGEE, NAIEM H | | 1.2 NA | ME | | | |
| STREET ADDRESS | 800 NO. SEGRAVE STREE | T UNIT A | 1.3 \$1 | REET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | | 1.4 01 | Y-ST-ZIP | | | |
| TITLE | VSTD | ☐ DELETE | 2 1 TI | TLE | VSTD | Change Addition | |
| NAME | TEMTAMY, AHMED S | | 2.2 NA | ME | ELTEMTANY AHMEN C | | |
| STREET ADDRESS | 800 NO. SEGRAVE STREE | ET UNIT A | 2.3 ST | REE1 ADDRESS | ELTEMTAMY, AHMED S. BOON, SEGRAVE STREET WAIT! | 4 | |
| CITY-ST-ZIP | DAYTONA BEACH FL 321 | | 2 4 01 | TY-ST-ZIP | DAYTONA BEACH, FL 32114 | <u> </u> | |
| TITLE | D.(() () () () () () () () () () () () () | ☐ DELETE | 3 1 1 | TLE | | Change Addition | |
| NAME | | - | 3.2 N/ | ME | | | |
| STREET ADDRESS | | | 3.3. S | ireet address | | | |
| CITY-ST-ZIP | | | 3 4 C | TY - ST - ZIP | | | |
| TITLE | | DELETE | 4. 1 T | TLE | | Change Addition | |
| NAME | | | 4.2 N | AME | | | |
| STREET ADDRESS | | | 4.3 S | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 0 | TY-ST-ZIP | | | |
| TITLE | | DELETE | 5 1 T | ITLE | | Change Addition | |
| NAME | | | 52 N | AME | | | |
| STREET ADDRESS | | | 5.3 \$ | TREET ADDRESS | | | |
| CITY-S1-ZIP | | | 5.4 C | ITY-ST-ZIP | | | |
| TITLE | | DELETE | 6 1 1 | | | Change Addition | |
| NAME | | | 62 N | AME | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | |
| I SIBERLADUMESS I | | | | | 1 | | |

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filipp 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 reporter supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of 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 chapped, or on an all achment with an address.

SIGNATURE:

NAIGH H. SKARGEG 4/6/96 (904)679-4994