

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90029 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000019610

1. Corporation Name  
CLASSIC EXPORTS, INC.

Principal Place of Business  
800 NO. SEGRAVE STREET UNIT A  
DAYTONA BEACH FL 32114

Mailing Address  
800 NO. SEGRAVE STREET UNIT A  
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

59-3299071

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 229 Ridgewood Ave.  
Suite, Apt. #, etc.

2a. Mailing Address

26 229 Ridgewood Ave.  
Suite, Apt. #, etc.

23 City & State

Holly Hill, FL

28 City & State

Holly Hill, FL

24 Zip 32117 25 Country USA

29 Zip 32117 30 Country U.S.A

9. Name and Address of Current Registered Agent

SKARGE, NAIEM H  
800 NO. SEGRAVE STREET UNIT A  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

229 Ridgewood Ave.

83

84 City

Holly Hill

FL

85 Zip Code 32117

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. (NOTE: Registered agent signature required when reinstating.)

Naiem Skargee, President

4-15-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SKARGE, NAIEM H  
STREET ADDRESS 800 NO. SEGRAVE STREET UNIT A  
CITY-STATE-ZIP DAYTONA BEACH FL 32114

TITLE VSTD  
NAME ELTEMTAMY, AHMED S  
STREET ADDRESS 800 NO. SEGRAVE STREET UNIT A  
CITY-STATE-ZIP DAYTONA BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 229 Ridgewood Ave.  
1.4 CITY-STATE-ZIP Holly Hill FL 32117

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 229 Ridgewood Ave.  
2.4 CITY-STATE-ZIP Holly Hill FL 32117

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Naiem Skargee

4-15-99

Date

(904) 257-1666

Daytime Phone #

CR2E034 (11/98)