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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032624 (5)

CLASSIC AIR & AUTOMOTIVE REPAIR, INC.

## FILED May 05 1998 8:00am Secretary of State



Principal Plac	a of Business	Mailing Addrson		
Principal Place of Business Mailing Address				
820 THOMAS AVENUE 820 THOMAS AVENUE LEESBURG FL 34748 LEESBURG FL 34748				
0.000		CCC300113 TT 34740		DO NOT WRITE IN THIS SPACE
<b>'</b>				3. Date Incorporated or Qualified
				04/24/1995
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 301 E		+ <del></del>	IAIN STROCK	<b>59-3318128</b> Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 Lees be		27		Fee Required
City & State	e *	City & State	=L.	6. Election Campaign Financing \$5.00 May Be
23	Country	1201		Trust Fund Contribution
Zip 24 3474		Zip 29 3474% 3	Country LAICE	8. This corporation owes or has paid the current year Intangible
24 3777	8   25   CAKE 9. Name and Address of Current		BO LAICE	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
ON ALL				
ONAC AUTON DALAL COURT				
			Address (P.O. Box Number is Not Acceptable)	
LEESBURG FL 34748				
			84 City	FL 85 Zip Code
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 an accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE - EduAndo L. DIM 4/05/97				
Signature, typed or product name of registered agent and teller applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	VP ☐ Change ☐ Addition
NAME	DIAZ, EDUARDO L		1.2 NAME	NICOLE M. DIAZ
STREET ADDRESS	2305 QUEEN PALM COURT		1.3 STREET ADDRESS	2305 QUEEN PAIM COULT
CITY-ST-ZIP	LEESBURG FL 34748	N priese	1.4 CITY-S1-ZIP	Leeburg FL 34748
TITLE	VP	DELETE	2.1 TITLE	S Change D Addition
NAME	DIAZ, CARMEN A	•	2.2 NAME	NADJA M. BLOAN
STREET ADDRESS	2305 QUEEN PALM COURT		2.3 STREET ADDRESS	2305, QUEEN PAIM COURT
CITY-ST-ZIP	LEESBURG FL 34748	DELETE	2. 4 CITY - ST - ZIP	Leesburg FL 34748
TITLE		☐ DEL <b>ete</b>	3.1 TITLE	L. Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			: 4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	j
CITY-ST-ZIP		T DELETE	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	,
CITY-ST-ZIP		Driege	5 4 CITY - ST - ZIP	T Observe T Eastern
TITLE		DELETE	6.1 TITLE	L. Change L. Addition
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	partiful that the information curvilled with	this filling does not qualify for	6.4 CITY-ST-ZIP	d in Section 119 07(3)(i) Florida Statutes I further certify that the information

4. 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 supplienental 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

CIGNIATURE.

PROSIDENT Edwards 1.

4/2 c/ax /3(2) 323-8800