

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000046239 (6)

1. Corporation Name

CLASSIC MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

1001 TRUMAN AVENUE
KEY WEST FL 33040

1001 TRUMAN AVENUE
KEY WEST FL 33040

3. Date Incorporated or Qualified
06/14/1995

3a. Date of Last Report
11/1

2. Principal Place of Business

2a. Mailing Address

21. 3210 N. Roosevelt Blvd

26. 3210 N. Roosevelt Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22.

27.

City & State
Key West FL

City & State
Key West FL

Zip
33040

Country
Monroe

Zip
33040

Country
Monroe

4. FEI Number
65-0589321

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, TAMMY
1001 TRUMAN AVENUE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81. Name Tammy Rodriguez
82. Street Address (P.O. Box Numbers Not Acceptable)
3706 DUK Ave
83.
84. City Key West FL 85. Zip Code 33040

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

Tammy Rodriguez

Tammy Rodriguez

11/10/96

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME RODRIGUEZ, TAMMY
STREET ADDRESS 1001 TRUMAN AVE.
CITY - ST - ZIP KEY WEST FL 33040

TITLE D
NAME RODRIGUEZ, JOSE
STREET ADDRESS 1001 TRUMAN AVE.
CITY - ST - ZIP KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tammy Rodriguez

11/25/96

352-294-3770

(SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E864 (3/96)