


FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT</b> <b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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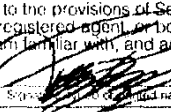
**DOCUMENT # P95000046239. (6)**  
 1. Corporation Name  
**CLASSIC MANAGEMENT GROUP, INC.**

Principal Place of Business <b>3210 N. ROOSEVELT BLVD.</b> <b>KEY WEST FL 33040</b>	Mailing Address <b>3210 N. ROOSEVELT BLVD.</b> <b>KEY WEST FL 33040-4114</b>
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<b>2. Principal Place of Business</b> 21. <b>3210 N. Roosevelt Blvd</b> Suite, Apt. #, etc. 22. City & State 23. <b>Key West FL</b> Zip Country 24. <b>33040</b> 25. <b>USA</b>	<b>2a. Mailing Address</b> 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.
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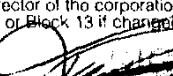
<b>9. Name and Address of Current Registered Agent</b> <b>RODRIGUEZ, TAMMY</b> <b>3708 DUCK AVENUE</b> <b>KEY WEST FL 33040</b>	81. Name 82. Street Address 83. 84. City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE:  (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	D RODRIGUEZ, TAMMY 1001 TRUMAN AVE. KEY WEST FL 33040	<input type="checkbox"/> DELETE	1.1 TITLE
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE	D RODRIGUEZ, JOSE 1001 TRUMAN AVE. KEY WEST FL 33040	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 of Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (9/96)