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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000046239, (6) CLASSIC MANAGEMENT GROUP, INC.

## **FILED** May 01 1997 8:00am Secretary of State



Principal Place of Business Mailing Address		· · · · · · · · · · · · · · · · · · ·				
3210 N. ROOSEVELT BLVD. KEY WEST FL 33040	3210 N. ROOSEVELT BLVD. KEY WEST FL 33040-4114					
				3. Date Incorporated or Qualified 06/14/1995	3a. Date of Las 12/26/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 3210 N. Plansevel Tolus	26			65-0589321		Not Applicable
Surte, Apt. #, etc. 22	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23 Key West FL Country	28			Trust Fund Contribution	Adde	ed to Fees
Zfp / Country 25 USA	Zip	Country	1	8. This corporation has liability for in		r s. 199.032,
	29] 30 f Current Registered Agent	9]		Florida Statutes  10. Name and Address of New Rec	Yes Agent	
RODRIGUEZ, TAMMY		81	Name	10.	, interest to the second	
3708 DUCK AVENUE		<u> </u>			····	
KEY WEST FL 33040		82		Iress (P.O. Box Number is Not Acceptable	e)	
		83	ļ			
		84	City		FL 85 Z	ip Code
11. Pursuant to the provisions of Sections office or registered agent or both, in agent. I am arrive that and accept the SIGNATURE.				4	1/23/97	g its registered as registered
	rstereo agent and title if applicable. (NOTE: R ERS AND DIRECTORS	agistered Agr	ent aignature requ	ired when reinstating)	DATE COC AND DIDEOX	ODC IN 10
mu <b>6</b>	DELETE	1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFIC	Chang	
NAME RODRIGUEZ, TAMMY		1.2 NAME				,
STREET ADDRESS 1001 TRUMAN AVE.			ADDRESS			
CITY-ST-ZIP KEY WEST FL 33040		1.4 CITY - S				
THEF D	DELETE	2.1 TITLE			Chang	e Addition
HAME RODRIGUEZ, JOSE		2.2 NAME	•			
STREET ADDRESS 1001 TRUMAN AVE.		2.3 STREET	ADDRESS			
CITY-ST-ZIP KEY WEST FL 33040		2 4 CITY-	ST-ZIP			
THLE	☐ DELETE	3.1 TITLE			Chang	je 🔲 Addition
NAME		3.2 NAME	}			
STREET ADDRESS		3.3 STREET	ADDRESS			
City - St - ZiP	Nel 222	3.4. CITY -	ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	<b> </b>		Chang	ge 🔲 Addition
MANAE		4. 2 NAME	ſ			
STREET ADDRESS	1	4.3 STREET			Λ	
CHY-ST-ZIP TITLE	DELETE	4.4 CITY-S 5.1 TIFLE	51 - ZIP		Chang	e Z Addition
NAME	Last Detect	5.2 NAME			STATE OF BUILD	7 Punicipal
STREET ADORESS	,		ADDOCCO		415/	1 <i>161</i> 7 -
CHY-ST-ZIP	•	5 3 STREET	- 1		11141	1 state
THE THE	DELETE	5.4 CITY - S 6.1 TITLE	01- ZIP		Chang	ge Addition
NAME	the product	6.2 NAME	.	80000216	<b>8678</b>	o Filmodition
STREET ADDRESS		6.3 STREET	ADDRESS	80000216 -05/07/970100	16021	
CIFY - ST - ZIP		6.4 CITY-S		***165.00		
14. I do hereby certify that the information	supplied with this filing does not qualify to				I further certify th	nat the

Ten indexp centry that the morniagen supplied with this litting does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner centry 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.