SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500051094 (7)

CLASSIC COURSE PUBLICATIONS, INC.

Principal Place of Business	
AND ALDE BANE AIRALE	

Mailing Address

222 S. U.S. HWY ONE SUITE 215

FILED Sep 17 1997 8:00am Secretary of State



JUPITER FL 33477		SUITE 215 TEQUESTA FL 33469		DO NOT WRITE IN THIS SPACE		
		.•		3. Date Incorporated or Qualified		Last Report
		TA		06/29/1995	10/1	/1996
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
	S. US HWY ONE	26 202 S. US A	tay ONE	65-0596391		Not Applicable
	te 215	Suite Apt. #, etc. 27 Suite 75	T'	5. Certificate of Status Desired	\$	B.75 Additional Fee Required
City & State	WESTA, FL	City & State 28 / Gaugista	PR	Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
2 3341	69 25 USA	^{Zip} 33469 3	Country O USA	This corporation owes or has pai Personal Property Tax due June		,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	stered Ager	it
P/	ANDE, STEVE		81 Name			
	9 CAPE POINT C.		82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)	
JL	JPITER FL 33477			, in the state of		
			83			
			84 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the pr	rpose of cha	nging its registered
office of reagent. La	egistered agent, or both, in the State om m familiar with fand accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by the corpora da Stalutes	oration submits this statement for the pution's board of directors. I hereby accep	t the appointn	nent as registered
			(1 (a	9/10	107
SIGNATORIE	STELS + 4.05 Signalure, typed or printed name of registered agent	and title if applicable (NOTE: I	Rogistered Agent signature requi		DATE	
12.	OFFICERS AND PTS	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTORS IN 12 Change
TITLE	*	☐ DELETE	1.1 TIPLE	PTS ()	العا	hange Addition
NAME	PANDE, STEVE 179 CAPE POINT C.			TOLO YANDE		ا سه په ا
STREET ADDRESS	TEQUESTA FL		1.3 STREET ADDRESS	22 S. U.S. Huy	ore 3	NE 210
CITY-ST-ZIP	TEGUEOTA PL	DELETE	1.4 CITY - ST - ZIP	BOURSTA, FL	3.3 AP &	TE 210
TITLE NAME		□] Dereit	21 TALE	,	L. (hange
			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			ļ
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		7	Change Addition
NAME		<u>∟</u> occet			Щ(Mange LI MUUNION
NAME STREET ADDRESS			3.2 NAME			
1			3.3 STREET ADDRESS			İ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY+ST-ZIP 4.1 TITLE			Change Addition
NAME		_ better	4. 2 NAME			Mange D Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			I i			
TITLE		DELETE	4.4 CITY - ST - ZIP 6.1 TITLE		<u> </u>	hange Addition
NAME		- >	5.2 NAME			Mengo L. Mudicott
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP						İ
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		<u> </u>	Change Addition
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 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 reference or trustob empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.