Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90130 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058043

1. Corporation Name

TROMPE L'OEIL CLASSIQUE, INC.

Principal Place of Business Mailing Address								II. Ba il ab ibi i	FILMI (MILL 4811)	. 81888 1111 1881	
2415 SOUTH THIRD STREET 2415 SOUTH THIRD STREET											
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250											
							DO NOT WRI				_
							-3.:Date.Incorporated.or:Qualifed, 07/27/1995	. استرسی			: e5
2. Principal P	lace of Business	2a. Mailing A	ddress				4. FEI Number		. A	pplied For]
21		26					59-3326794		N	ot Applicable]
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired	
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be	7
23		28					Trust Fund Contribution			to Fees	1
Zip	Country Zip			Country			8. This corporation owes the current year Intangible				
24	25	29	30	5			Personal Property Tax.	,	☐ Yes	□No	
	9. Name and Address of Current	<u> </u>					10. Name and Address of New F	Registered	Agent		1
				81	Na	me		_	_		1
JANKOWSKI, MARY L				-							4
2415 SOUTH THIRD STREET				82	82 Street Address (P.O. Box Number is Not Acce						
JACKSONVILLE BEACH FL 32250				83	1			~-····	···		1
											_
				84	Cit	У		FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent; or both, in the State of Florida: Such change was authorized					e-nan	ned corpora	ation submits this statement for the		changing its	registered	-
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida: Such ch	ange was auth	orized by	the c	corporation'	s board of directors. I hereby accep	t the appoir	itment as re	gistered	1
	m ramiliar with, and accept the obligation	ons or, Section 60	лл.овов, гюпаа	Statutes	5.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if anolicable	(NOTE: Re-	aistered Age	nt sinna	dure required w	hen reinstating)	DATE			١.
12.	OFFICERS AND		(1012110	13.	- K Uigi io	ia o jogalios ii	ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12	1 8
TITLE	D		DELETE	1.1 TITLE					☐ Change	Addition	1 3
NAME	JANKOWSKI, MARY L			1.2 NAME					_ ,		`
STREET ADDRESS	2415 SOUTH THIRD STREET STE 2415			1.3 STREET ADDRESS							8
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		1.4 CITY-ST-ZIP							1 5	
TITLE	D DELETE		2.1 TITLE					Change	☐ Addition	18	
NAME	RAMIREZ, SHERI		2.2 NAME								
STREET ADDRESS	2415 SOUTH THIRD STREET STE 2415			2.3 STREET ADDRESS		FCC					
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			2.4 CITY-ST-ZIP		E33					
TITLE	SACROOMIELE BEACHTE GEE		DELETE	3.1 TITLE	SI-ZIP				Change	Addition	┨
NAME			DELETE						☐ Change		
				3.2 NAME							1
STREET ADDRESS			3.3 STREET ADDRESS		ESS						
CITY-ST-ZIP	□ pereze		3.4. CITY-ST-ZIP						- A CP2	1	
TITLE	☐ DELETE		4.1 TITLE				-,	Change	☐ Addition	1	
NAME			4. 2 NAME							į	
STREET ADDRESS				4.3 STREET ADDRESS							
CITY-ST-ZIP			55,555	4.4 CITY-S	T-ZIP		,				4
TITLE		Ш	DELETE	5.1 TITLE					Change	☐ Addition	Ĭ

14. 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 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, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: (

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition