FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000058516 (2)**

1. Corporation Name

CLASSIC DESIGN CONCEPTS, INC.

Principal Place of Business	Mailing Address
7110 NW 6 AVE MIAMI FL 33150	7110 NW 6 AVE MIAMI FL 33150

3. Date Incorporated or Qualified: 07/28/1995	3a. Date of Last Report:
4. FEI Number: 65-0597231	☐ 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	

2. Principal Place of Business
21: 810 NW 25th AVE.
Suite, Apt. #, etc.
22: #104
City & State
23: OCALA, FL
Zip 24: 34475 Country 25: USA

2a. Mailing Address
26: 810 NW 25th AVE.
Suite, Apt. #, etc.
27: #104
City & State
28: OCALA, FL
Zip 29: 34475 Country 30: USA

9. Name and Address of Current Registered Agent

DIMURO, DONATO C
7110 NW 6 AVE
MIAMI FL 33150

10. Name and Address of New Registered Agent

Name
82: Street Address (P.O. Box Number is Not Acceptable): 1601 SW 27th AVE. #1907
83:
84: City: OCALA FL 85: Zip Code: 34474

11. Pursuant to the provisions of Section 607.0505 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 that position as provided for in Section 607.0505, Florida Statutes.

SIGNATURE: Donato Dimuro 4-29-96 DATE

OFFICERS AND DIRECTORS

12.

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONATO DIMURO	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	OWNER DONATO C. DIMURO 1601 SW 27th AVE. #1907 OCALA, FL 34474	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT CAROL I. DIMURO 1601 SW 27th AVE. #1907 OCALA, FL 34474	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600001860296 -06/12/96--01111--002 ***208.75	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

5/1/12

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)(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 this 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 any attachment with an address.

SIGNATURE: Donato Dimuro / OWNER 4-29-96 305-759-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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