

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

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98 FEB 27 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 95000058516 1. Corporation Name CLASSIC DESIGN CONCEPTS INC			
Principal Place of Business 840 NW 25 AVE SUITE 104 OCALA FL		Mailing Address	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent DANIEL DIMURO 810 NW 25 AVE SUITE 104 OCALA FL 34473		10. Name and Address of New Registered Agent 81 Name DANIEL DIMURO 82 Street Address (P.O. Box Number is Not Acceptable) 810 NW 25 AVE 83 SUITE 104 84 City OCALA 85 Zip Code FL 34473	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 understand the obligations of Section 607.0505, Florida Statutes. SIGNATURE D. Dimuro (Date) Registered Agent's Signature required when re-instating DATE			
12. OWNER, OFFICERS, AND DIRECTORS TITLE OWNER NAME DANIEL DIMURO ☐ DELETE STREET ADDRESS 3811 SE 33 AVE CITY-ST-ZIP OCALA FL 34480 TITLE PRESIDENT ☐ DELETE NAME CAROL I DIMURO STREET ADDRESS 3811 SE 33 AVE CITY-ST-ZIP OCALA, FL 34480 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 supplement thereto 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 registered agent 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 of this report or in the filing with an address.			
SIGNATURE: D. Dimuro		1-25-98 352-6907222	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)



Classic
Design
Concepts, Inc.
810 N.W. 25TH AVENUE
SUITE 104
OCALA, FL 34475
352-690-7222

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FEB 19, 1990

FLORIDA DEPT OF STATE.

ATTEN: MRS ALAN.

LETTER NUMBER 698A00008168

MRS ALAN,

AFTER OUR CONVERSATION CONCERNING
THE CHECK THAT WAS MAILED OUT,
BUT YOU NEVER RECEIVED IT, I
WAS TOLD THAT I HAD A ONE TIME
CHANCE, TO RESOLVE THE PROBLEM
BY SENDING A CHECK FOR 165.
ANNUAL FEE PLUS 150 DELINQUENT
FEE, & A COPY OF MY BANK
STATEMENT WITH THE CHECK
NOT DEPOSITED. I FOLLOWED YOUR
INSTRUCTION'S AND MAILED IT BACK.
AFTER SPEAKING TO A REP NAMED
ANDY, I WAS TOLD TO SEND A LETTER
OF EXPLANATION, WITH THE RETURNED
CHECK AND FILING APPLICATION.

THANK YOU
DAN DIMURO