

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90029 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083561
1. Corporation Name
THOMAS PACCONI CLASSICS, INC.



Principal Place of Business 840 JUPITER PARK DRIVE UNIT 101 JUPITER FL 33458 US	Mailing Address 840 JUPITER PARK DRIVE UNIT 101 JUPITER FL 33458 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 630 US HIGHWAY ONE Suite, Apt. #, etc. 22 SUITE 403A City & State 23 NORTH PALM BEACH, FL Zip 24 33408	2a. Mailing Address 26 630 US HIGHWAY ONE Suite, Apt. #, etc. 27 SUITE 403A City & State 28 NORTH PALM BEACH, FL Zip 29 33408	3. Date Incorporated or Qualified 11/01/1995
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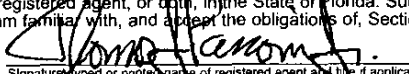
4. FEI Number 65-0624381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
PACCONI, THOMAS SR
840 JUPITER PARK DRIVE
UNIT 101
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name PACCONI, THOMAS SR.
82 Street Address (P.O. Box Number is Not Acceptable) 630 US HIGHWAY ONE
83 SUITE 403A
84 City NORTH PALM BEACH FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE:  THOMAS J. PACCONI JR. / TREASURER DATE: 1/4/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PACCONI, THOMAS SR.	
STREET ADDRESS	840 JUPITER PARK DRIVE UNIT 101	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACCONI, THOMAS JR.	
STREET ADDRESS	840 JUPITER PARK DRIVE UNIT 101	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PACCONI, THOMAS SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	630 US HIGHWAY ONE - SUITE 403A	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
2.1 TITLE	PACCONI, THOMAS JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	630 US HIGHWAY ONE - SUITE 403A	
2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:  THOMAS J. PACCONI JR. / TREASURER DATE: 1/4/99 DAYTIME PHONE #: 561-841-7319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)