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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095617 (3)

UPPER CLASS, INC.

OF FEET OLAGO, INC.

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address											-
10211 PINES BLVD SUITE 200					S	10211 PINES BLVD SUITE 200					
						EMBROKE PINES FL	33026	i i			DO NOT WRITE IN THIS SPACE
US US						15		-			3. Date Incorporated or Qualified 12/11/1995
2. Principal Place of Business					2a. Mailing Address			į			4. FEI Number Applied For
21					26 Suite Ant # ata			=			65-0668332 Not Applicable
22					Suite, Apt. #, etc.			1			5. Certificate of Status Desired S8.75 Additional Fee Required
23	City & State			City & State			: :			Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees	
20)	Zip		Country		20 _	Zip		Coun	try		8. This corporation owes or has paid the current year Intangible
24	25 29				30				Personal Property Tax due June 30, Yes No		
			and Address	of Current R	egist	ered Agent					10. Name and Address of New Registered Agent
		ELLINGTON						· {	31	Name	
10211 PINES BLVD, SUITE 200 PEMBROKE PINES FL 33026								[8	32	Street Addres	ss (P.O. Box Number is Not Acceptable)
PEMBRONE FINES FL 33020				20				- 1	33		
								. 8	34	City	85 Zip Code
44 Discussed to the previous of Castiana COT 0500 and COT 4500 Elected Out 450 III										nomed serve	FL FL FL FL FL FL FL FL
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS							IOIE: Re	13.	Agen	t signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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NA!		·	GTON, TIMO	THY		200000		1.2 NAM			
l	STREET ADDRESS 10211 PINES BLVD, SUITE 200						I	1.3 STREET ADDRESS		ADDRESS	
l	CITY-ST-ZIP PEMBROKE PINES FL							1,4 CITY			
7171		VP				☐ DELETE	T	2.1 TITL			Change Addition
NA.	MCGEE, ANGELIA M					2			ŧΕ		
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NAME					_	ł	5.2 NAME			_ •	
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STF	reet address						1	6.3 STR	EET A	NODRESS	
CITY-ST-ZIP								6.4 CITY-ST-ZIP			
14	. Thereby o	ertify that the	information s	upplied with t	his fil	ling does not qualify	y for th	е ехеп	npti	on stated in S	ection 119.07(3)(i), Florida Statutes, I further certify that the information

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), 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.

CICMATUDE.

1000 1-2-28 941-030