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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # P96000001794 (2)

1. Corporation Name

CLASSY CLIPS, INC.

Principal Place of Business	Mailing Address
960-C PONDELLA RD ATTN: NEIL EDWARD DEWAR NORTH FT MYERS FL 33903	960-C PONDELLA RD ATTN: NEIL EDWARD DEWAR NORTH FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1996

2. Principal Place of Business	**2a.** Mailing Address	**4.** FEI Number	Applied For
21	26	**65-0634847**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	**6.** Election Campaign Financing ☐ Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		

Zip	Country	Zip	Country	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
DEWAR, NEIL E 960-C PONDELLA ROAD NORTH FT MYERS FL 33990	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City **FL** **85** Zip Code

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: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE DPT	☑ Change	☐ Addition
NAME	DEWAR, NEIL E		1.2 NAME DEWAR, NEIL E		
STREET ADDRESS	3121 SW 17TH AVE		1.3 STREET ADDRESS 2812 SW 1st TER		
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-ST-ZIP CAPE CORAL FL 33991		
TITLE	DVS	☐ DELETE	2.1 TITLE DVS	☑ Change	☐ Addition
NAME	DEWAR, SYLVIA		2.2 NAME DEWAR, SYLVIA		
STREET ADDRESS	3121 SW 17TH AVE		2.3 STREET ADDRESS 2812 SW 1st TER		
CITY-ST-ZIP	CAPE CORAL FL 33914		2.4 CITY-ST-ZIP CAPE CORAL FL 33991		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE   NEIL E. DEWAR   941-995-5683