SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FILED **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT 97 OCT -2 PH 2: 04 Secretary of State DIVISION OF CORPORATIONS 1997 SECHELIZEY OF STATE DOCUMENT # P96000058291 (1) TĂĪĒĀHASSEE, FLORIDA CLASSIC SOUTH, INC. Principal Place of Business Mailing Address 1218 NORTHEAST 8TH AVENUE 1218 NORTHEAST 8TH AVENUE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/09/1996 2. Principal Place of Business 2a. Mailing Address 26 27 NE Applied For 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MASTRANGELO, JOHN 1218 NORTHEAST 8TH AVENUE Street Address (P.O. Box Number is Not Acceptable 82 FT. LAUDERDALE FL 33304 83 84 100 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** e of registred agent and title if applicable (NO1E: Registered Agent signature required when reinstating) 12 FREERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 1111.0 MASTRANGELO, JOHN NAME 1.2 NAME CR2E034 1217 NEG BUCAUL 1218 NORTHEAST 8TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LANDERDALL, FL FT. LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE mg) 2.1 TITLE NAME 2.2 NAME 500002313105---10/06/97--01159--008 STREET ADDRESS 2.3 STREET ADDRESS ****550.00 *****550.00 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do 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

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MATANCE (1)

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