

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000079428**

1. Corporation Name  
**CLASSIC CONCLUSIONS SOUTH INCORPORATED**

Principal Place of Business Mailing Address  
**MOVED PLEASE NOTE NEW ADDRESS**  
**17801 FIELDBROOK CIRCLE, WEST**  
**BOCA RATON FL 33496** **17029 NEWPORT CLUB DRIVE**  
**US** **BOCA RATON, FLORIDA**  
**33496 SAME PHONE NUMBER**

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90008 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/23/1996**

4. FEI Number **65-0702170** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 **17029 Newport Club Drive** 26 **17029 Newport Club Drive**  
Suite, Apt. #, etc.: Suite, Apt. #, etc.:

22 City & State 27 City & State  
**Boca Raton Florida** **Boca Raton, Florida**

23 Zip 24 **33496** 25 Country **USA** 29 Zip **33496** 30 Country **US**

9. Name and Address of Current Registered Agent

**ZEITCHICK, CAROL**  
**17801 FIELDBROOK CIRCLE, WEST**  
**BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**17029 Newport Club Drive**  
83  
84 City **Boca Raton** FL 85 Zip Code **33496**

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

TITLE ☐ DELETE  
NAME **P ZEITCHICK, CAROL**  
STREET ADDRESS **17801 FIELDBROOK CIRCLE, WEST**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 **Secretary**  
1.3 STREET ADDRESS **Stanley Zeitchick**  
1.4 CITY-ST-ZIP **17029 Newport Club Drive**  
**Boca Raton, Florida 33496**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)