

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90084 026 ***150.00

DOCUMENT # P96000093317

1. Corporation Name
CLASSIC CREATIONS, INC.

Principal Place of Business
233 N FEDERAL HWY
SUITE 47
DANIA FL 33004

Mailing Address
P.O BOX 635
DANIA FL 33004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1996

4. FEI Number
65-0704387

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
834 Argonaut Isle

2a. Mailing Address
P.O. Box 635

Suite, Apt. #, etc.
City & State
Dania Fla
Zip
33004

Suite, Apt. #, etc.
City & State
Dania Fla
Zip
33004

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLICKMAN, PHILLIP L
605 IVES DAIRY RD 6103
NORTH MIAMI BEACH FL 33179

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	JEFFCOAT, JULIE	834 Argonaut Isle	Dania Fla. 33004	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Julie Jeffcoat* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 954 629 7492

CR2E034 (11/98)

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