

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099814 (1)
 1. Corporation Name
CLASSIC PROPERTIES OF CENTRAL FLORIDA, INC.



Principal Place of Business 1757 WEST BROADWAY STE 4 OVIEDO FL 32765	Mailing Address 1757 WEST BROADWAY STE 4 PO BOX 620537 OVIEDO FL 32762 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1996

2. Principal Place of Business 21 2020 Winter Spngs Blvd	2a. Mailing Address 26 2020 Winter Springs Blvd
Suite, Apt. #, etc. 22 Oviedo, FL	Suite, Apt. #, etc. 27
City & State 23 Oviedo, FL	City & State 28 Oviedo, FL
Zip 24 32765	Country 25 US
Country 29 US	Zip 30 32765

4. FEI Number 59-3418682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, CELITA B
1757 WEST BROADWAY STE 4
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name **DAVIS CELITA B.**

82 Street Address (P.O. Box Number is Not Acceptable)
2020 Winter Springs Blvd.

83

84 City **Oviedo** **FL** 85 Zip Code **32765**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SEWARD, DOUGLAS P
STREET ADDRESS	1757 WEST BROADWAY STE 4
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	T <input type="checkbox"/> DELETE
NAME	DAVIS, ALAN D
STREET ADDRESS	1757 WEST BROADWAY STE 4
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	S <input type="checkbox"/> DELETE
NAME	DAVIS, CELITA B
STREET ADDRESS	1757 WEST BROADWAY STE 4
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: *Alan D. Davis* **4/14/98** **407-699-6230**

CR2E034 (10/97)