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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100540 (9)

THE CLASSIC ROSE, INC.

1									
Principal Place of Business Mailing Address						-			
4635 CORONADO PARKWAY STE 1 CAPE CORAL FL 33904		4635 CORONADO PARKWAY STE 1 CAPE CORAL FL 33904-8809							
						3. Date Incorporated or Qualified 12/12/1996	3a. Da	te of Last F	leport
· · ·	Place of Business	2a. Mailing Address	h			4. FEI Number		À	pplied For
Sulte, Apt. #, etc.		26 Suite Apt # etc	<u> </u>			65-0718336			ot Applicable
22 City & State		Suite, Apt. #, etc. 27 City & State	27			5. Certificate of Status Desired		Fee R	Additional lequired
23	.e	<u>├</u> ─┐ '	28			Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Ζίρ				- 		·	to Fees
24	25		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current					10. Name and Address of New Registered Agent			
SAS	ISO, MARY LOU		81	T	Name				
	5 CORONADO PARKWAY STE 1		82 Street A			ess (P.O. Box Number is Not Acceptab	ole)		
	PE CORAL FL 33904					388 (F.W. DOX MUNICOLIO 1401, 1000)	1 0)		
1			83	1					
			84	+,	City			85 Zip	Code
				1	•		FL	1 1	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered egent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	s, the above	e-n	named corporati	oration submits this statement for the pion's board of directors. I hereby acception	urpose of	changing i	is registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statuter	S.	it corporac	OHS DOME OF DIRECTORS, FERDICING ACCES,	il line appo	импен во	10gisterou
SIGNATURE									
12.	Signature, typed or printed name of registered agen OFFICERS AND			ont e	signature require	ed when reinstating) ADDITIONS/OHANGLE TO OFFIC	DATE CE OS. ANIO		
TITLE			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	RS IN 12 Addition
NAME	ALGON MARY LOW			1.2 NAME			ı	Change	Modifion
STREET ADDRESS	5370 DELANO COURT		1.3 STREET	7 AN	INDEGE				
CITY+ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-S						
TITLE	0	· · · · · · · · · · · · · · · · · · ·		2.1 TITLE				Change	Addition
NAME	FRANJIC, OPAL		2.2 NAME				-		
STREET ADDRESS	1717 SE 11TH TERRACE		2.3 STREET	T AD	DRESS				
CITY-\$T-ZIP	CAPE CORAL FL 33990		2. 4 CITY - S						
TITLE		☐ DELETE	3.1 TITLE	-				Change	Addition
NAME			3.2 NAME						
STREET ADDRESS	Í		3.3 STREET	ſ AD!	DRESS				
CITY-ST-ZIP			3.4. CITY - S	ST-7	ZIP				
TITLE		DELETE	4.1 TITLE	-	_		l	Change	Addition
NAME			4.2 NAME		ļ				
STREET ADDRESS			4.3 STREET	(ADI	DRESS				
CITY-ST-ZIP		Louisie	4.4 CITY-S	3T - Z	9P				
TITLE		☐ DELE1E	5.1 TITLE				L	Change	Addition
NAME STREET ADDRESS			5.2 NAME						
STREET ADDRESS			5.3 STREET						
CITY+ST-ZIP TITLE		DELETE	54 CITY-S	3T - Z	(IP			T Abanga	- Addition
NAME	1	L. Detere					ι	Change	☐ Addition
STREET ADDRESS	1		6.2 NAME		22200				
CITY-ST-ZIP	1		6.3 STREET		1				
14. I do hereb	by certify that the information supplied	d with this filing does not qualify	6.4 City-Si v for the exe	3mr	otion stated	in Section 119.07(3)(i), Florida Statutes	Literation	corlify that	the
Information	on indicated on this annual report of so	supplemental annual report is tru the receiver or trustee empowe	ue and accu ared to exec	ural	te and that r	my signature shall have the same logal las required by Chapter 607, Florida Si	Laffaction	if made un	dor oath, that
	11 D.001. 12 4. 2001. 12 1. 21. 21. 22. 2. 1. 1.	Off off analytic title of page.	000.			,			