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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P97000004257 (6)

CLASSIC ANTIQUES, INC.

Principal Place of Business

Mailing Address

FILED Mar 31 1998 8:00am Secretary of State



JACKSONVILLE FL 32207			5262 BEACH BLVD JACKSONVILLE FL 32207					
PHOROGRAPHE	E TE OZZOF	PHONOCHVICE	JACASCHVILLE PL 32207			DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualified 01/10/1997		
2. Principal P	ace of Business	2a. Mailing Ad-	dres s			# FEI Number	plied For	
21		26				49-3416768 NO	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			I & Contitionate of Status Decision I I	Additional	
22		27	<u> </u>			Fee Re	equired	
City & State	0	City & State	9				May Be	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country 30		8. This corporation owes or has paid the current year Intangible		
24	25 29					Personal Property Tax due June 30. 2 Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DICCELL CLIEN 81 Name								
	SEELL, ELLEN			"	Name		ŀ	
	32 BEACH BLVD		82 Street Ad		Street	Address (P.O. Box Number is Not Acceptable)		
JAC	CK SONVILLE FL 32207		83					
	•			63			ŀ	
				84	City	85 Zip	Code	
						FL Y		
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, by sed or printed inside of requirement agreat and to the applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE			DELETE	1.1 TITLE		☐ Change	Addition	
NAME			1	1.2 NAME		ELLEN RUSSELL 5262 BEACH BLUD		
STREET ADDRESS			1	1.3 STREET	ADDRESS	5262 36 1111		
CITY-ST-ZIP				1.4 CHTY-S	T-ZIP	Jax Fe 32207 1 Chance		
TITLE		Ц		2 1 TITLE			Addition	
NAME			13	2.2 NAME		SZGE BEACH BLUD		
STREET ADDRESS			1	2.3 STREET	ADDRESS	Jan FL 32207		
CITY-ST-ZIP				2. 4 CITY - S	T-ZIP			
TITLE		Ц		3 1 TITLE		☐ Change	Addition	
NAME			3	3.2 NAME				
STREET ADDRESS			3	3.3 STREET	address			
CITY - ST - ZIP				3.4. CITY - S	T-ZIP			
TITLE		Ll		4.1 TITLE		Change	Addition	
NAME				4. 2 NAME				
STREET ADDRESS			I '	4.3 STREET	ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST	7 - ZIP		4.00	
TITLE		ليا		5.1 TITLE		Change	Addition	
NAME				5.2 NAME	'	J	シー	
STREET ADDRESS			5	5.3 STREET	ADDRESS		2.21	
CITY-ST-ZIP	<u>.</u>			5.4 CITY - S	r-ZIP		<u> </u>	
TITLE				6.1 TITLE		60000247343Bhange -03/31/9801029021	☐ Addition	
NAME			•	6.2 NAME		-03/31/3801023021		
STREET ADDRESS			€	6.3 STREET	address	***150.00		
CITY-ST-ZIP			(6.4 CITY - S	r-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 anothers.