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PROFIT.
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083997 (1)

CLASSIC MORTGAGE, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



2835 ARBOUR TRAIL CT 2835 ARBOUR TRAIL CT DELTONA FL 32725 **DELTONA FL 32725** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For N WOODLAND 59-3470789 SAME 101 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 303 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be DELAND 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 VOLUSIA Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BREITENSTEIN, RICHARD W 2835 ÁRBOUR TRAIL CT 82 Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32725** 83 84 City Zip Code 85 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 noth, in the state of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 607 0505, Florida Statutes. BREITENSTEIN RICHARD SIGNATURE (NOTE: Regis OF ICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE Change Addition TITLE MICHARL P COCKING NAME 1.2 NAME 1071 HENSON STREET ADDRESS 1.3 STREET ADDRESS OVIESO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 1ITLE RICHARD W. BREITERSTEIN NAME STREET ADDRESS 2835 ARBOUR TRAIL CT. 23 STREET ADDRESS CITY-ST-ZIF 12725 DELTWA 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY-ST-7)P DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME **STREET ADDRESS** 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 cert if that the information indicated on this annual report or supplimental 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 combination of the receiver or turing empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chytiged, opinion and accurate and that my name appears in Block 12 or Block 13 if chytiged, opinion and accurate and the receiver of the combination of t