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

PROFIT COF PORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90136 040 ***150.00

DOCUMENT # P97000100103

CLASSICAL BMW, INC.

Principal Plac	Mailing Address			F LOG LOGI LIE LOGIL POUL POUL POUL POUL POUR PROPERTY FROM L				
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2915 JEFFERSON STREET MARIANNA FL 32446		2915 JEFFERSON STREET MARIANNA FL 32446			j			
		MARIANTI L OLTTO			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					11/21/1997			
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Α	Applied For	
21		26			59-3484860	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ertificate of Status Desired 38.75 Add tional		
22		27	_		5. Certificate of Glatus Desired Fee Required			
City & Stat	e -	City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution	Added	d to Fees	
Zip	Country	Zip	Coun	ry	8. This corr oration owes the current year Inf		-	
24	25 29 30		30		Personal Property Tax.			
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	Agent		
14/0	ITYOLAIZ DOCNOA LA		11	Nam	ne		ĺ	
	ITYSIAK, BRENDA M		1	32 Stree	et Address (P.O. Box Number is Not Acceptable)			
	MILNER STREET							
MAF	RIANNA FL 32446		1	33				
			ļ.	4 City		os Zin	o Cocle	
			'	City	FL	85 Zip	,000	
11. Pursuant	to the provisions of Sec ions 607	.0502 and 607.1508, Florida Statute	s, the abo	ve-name	ed corr oration submits this statement for the purpose of	changing it	ts registered	
office or a	egistered agent, or both, in the S	tate of Florida. Such change was at bligations of, Section 607.0505, Flor	thorized	by the co	orporation's board of directors, I hereby accept the appo-	nimeni as i	regis ered	
_	P / an //an	tonish Presiden	F)		ure requir d when reinstating) DATE	19	ļ	
SIGNATURE	Signature, typed or printed name of regurges	Ditt.	Registered A	gent signatu	ure required when reinstating) DATE			
12.	CFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	D DIRECT	ORS IN 12	
TITLE	DP	☐ DELETE	1 1 TITL	=		Change	e 🗀 Addition	
NAME	WOJTYSIAK, BRENDA M		1.2 NAV	E				
STREET ADDRESS	4364 MILNER STREET		1.3 STR	ET ADDRES	ess			
CITY-ST-ZIP	MARIANNA FL 32446		14 CITY	-ST-ZIP				
TITLE		☐ DELETE	2.1 TITL			Change	e 🔲 Addition	
NAME			2.2 NAM	Е			j	
STREET ADDRESS			23 STR	EET ADDRES	ess			
CITY-ST-ZIP				-ST-ZIP				
TITLE		DELETE	3.1 TITL			[] Change	e - 🗍 Addition	
NAME			3.2 NAM				1	
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CITY-ST-ZIP				-ST-ZIP			ļ	
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NAME		 -	4. 2 NA					
			1	EET ADDRES			ĺ	
STREET ADDRESS			li .					
CITY-ST-ZIP		DELETE	5.1 TITL	-ST-ZIP		Change	e Addition	
TITLE		Clottere	5.1 HTL			ې90		
NAME				EET ADDRES	ess		l	
STREET ADDRESS				- ST-ZIP			ļ	
CITY-ST-ZIP			6.1 TITL			Change	e Addition	
TITLE		L] DELETE					, Gradition	
NAME			6.2 NAM		200		ļ	
STREET ADDRESS				EET ADDRES	:55			
CITY-ST-ZIP			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, with all other like empowered.

CR2E034 (11/98)