

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103795

1. Corporation Name

CLASSIC MOTORCARS LEASING, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1997

4. FEI Number

65-0805761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 500 Palm Street

Suite, Apt. #, etc.

22 Suite 29

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 500 Palm Street

Suite, Apt. #, etc.

27 Suite 29

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Beer, Jerald S.

515 North Flagler Drive, Suite 1800

West Palm Beach, Florida 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Jerald S. Beer

Jerald S. Beer, Registered Agent 4/2/98

DATE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Anthony Marino

Anthony Marino, Pres.

4/2/98

CR2E034 (10/97)