Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90077 027 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000103814

1, Corporation Name

CLASSIC MOTORCARS LTD. OF THE PALM BEACHES, INC.

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Principal	Place of Business	Mailing Address		T (180)(180) (10 ) (10) (10) (10) (10) (10) (10) (
		500 PALM STREET		
500 PALM SUITE 29		SUITE 29		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340			01	DO NOT WRITE IN THIS SPACE
,	•			3. Date Incorporated or Qualifed
}				12/08/1997
2. Princi	pal Place of Business	2a. Mailing Address		4, FEI Number . Applied For
21	· •	26		65-0810445 Not Applicable
Suite	Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired See Required
22	) <del></del>	_  27		ree Required
	& State	City & State		6. Election Campaign Financing \$5.00 May Be
23	. O-water	28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	<del></del>	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25     9: Name and Address of Curr		30	10. Name and Address of New Registered Agent
	g: Name and Address of Con-	ent Registered Agent	81 Name	IU. Hallo alla Hallo a
	BEER, JERALD S			
	515 NORTH FLAGLER DR., SUITE	1800	82 Street Addi	ress (P.O. Box Number is Not Acceptable)
	WEST PALM BEACH FL 33401		83	
	!		84 City	FL 85 Zip Code
	Continue COT O	E02 C07 1509 Florido Statuto	us, the above named com	poration submits this statement for the purpose of changing its registered
offic	e or registered agent, or both, in the Stat	te of Florida. Such change was au	ithorized by the corporation	on's board of directors. I hereby accept the appointment as registered
ager	nt. I am familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.	
SIGNAT	URE	(NOTE:	Registered Agent signature require	ed when reinstating) DATE
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OT TOLINO	THE BITTED OF THE		
	i D	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	P MARINO THOMAS	☐ DELETE	1.1 TITLE 1.2 NAME	
NAME	MARINO, THOMAS		1.2 NAME	
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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.

UPLAFOURED

EDNAME OF SERING OFFICER OR DIRECTOR