


**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90310 032 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000049857</b> 1. Corporation Name <b>CLASSIC TRANSPORT ASSOCIATES, INC.</b>			
Principal Place of Business <b>C/O BUTZEL LONG</b> <b>1200 NORTH FEDERAL HWY. SUITE 411</b> <b>BOCA RATON FL 33432</b>		Mailing Address <b>C/O BUTZEL LONG</b> <b>1200 NORTH FEDERAL HWY. SUITE 411</b> <b>BOCA RATON FL 33432</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	
24.		29.	
9. Name and Address of Current Registered Agent <b>FORBES, PHILIP H ESQ.</b> <b>C/O BUTZEL LONG</b> <b>1200 NORTH FEDERAL HWY. SUITE 411</b> <b>BOCA RATON FL 33432</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>SEEL, GREGORY B</b> STREET ADDRESS <b>C/O BUTZEL LONG</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>PROFFER, BENJAMIN</b> STREET ADDRESS <b>C/O BUTZEL LONG</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>PROFFER, BENJY</b> 2.3 STREET ADDRESS <b>C/O BUTZEL LONG</b> 2.4 CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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)(X), 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 in an attachment without address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(561) 417-4488

Daytime Phone #