

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90232 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000051047**

1. Corporation Name
CLASSIQUE, INC.



Principal Place of Business 18008 KINGS PARK DR. TAMPA FL 33647	Mailing Address 18008 KINGS PARK DR. TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1998

2. Principal Place of Business 21 19024 Bruce B. Downs Blvd Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip Country 24 33647 25 USA	2a. Mailing Address 26 19024 Bruce B. Downs Blvd Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip Country 29 33647 30 USA	4. FEI Number 59-3523933 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**RASHID, ROSE M
18008 KINGS PARK DR.
TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name Rose M. Rashid
82 Street Address (P.O. Box Number is Not Acceptable) 19024 Bruce B. Downs Blvd.
83
84 City Tampa
85 Zip Code 33647

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 **Michelle A. Daves**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Rose Marie Rashid	1.2 NAME	
STREET ADDRESS	18008 Kings Park Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33647	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President Sally A. Beshara	2.2 NAME	
STREET ADDRESS	18008 Kings Park Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33647	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec. Treas. Michelle A. Daves	3.2 NAME	
STREET ADDRESS	1812 Oak St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Valrico, FL 33594	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE: **Michelle A. Daves** **Michelle A. Daves** 4/1/99 813-903-8660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)