

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

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

04-20-1999 90159 037 ***150.00

DOCUMENT # P98000066245

1. Corporation Name

AMERICAN CLASSIC MANAGEMENT CORP.



Principal Place of Business

4699 NORTH FEDERAL HIGHWAY
POMPAÑO BEACH FL 33064

Mailing Address

4699 NORTH FEDERAL HIGHWAY
POMPAÑO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

65-0865615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 7760 West 80th Ave

Suite, Apt. #, etc.

22 Ste. 11

City & State

23 Hialeah, Florida

Zip

24 DADE

Country

25 33016

26 33016

27 33016

28 33016

29 33016

30 33016

2a. Mailing Address

26 3300 S.E. 11th Street

Suite, Apt. #, etc.

27 Pompano Beach, Flad.

City & State

28 33062

Zip

29 33062

30 33062

Name and Address of Current Registered Agent

TERRY, JOSE L
16531 N.E. 35TH AVENUE
UNIT #8
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROGERS, ROBERT M
STREET ADDRESS 2930 N.E. 19TH STREET
CITY-ST-ZIP POMPAÑO BEACH FL 33062

TITLE D
NAME ROGERS, CATHERINE A
STREET ADDRESS 2930 N.E. 19TH STREET
CITY-ST-ZIP POMPAÑO BEACH FL 33062

TITLE D
NAME TERRY, JOSE L
STREET ADDRESS 16531 N.E. 35TH AVENUE UNIT #8
CITY-ST-ZIP NORTH MIAMI BEACH FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3300 SE. 11th ST.
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3300 SE. 11th ST.
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(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: XxX [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-854-782-3652
Date Daytime Phone #

CR2E034 (11/98)