


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90108 011 \*\*\*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>
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**DOCUMENT # P98000089795**

1. Corporation Name

CLASSIC STAINGLASS, INC.



Principal Place of Business 1501 GRACE LAKE CIR 3780 Speckled Perch Lane LONGWOOD FL 32750 Kissimmee, Florida 34743		Mailing Address 1501 GRACE LAKE CIR 3780 Speckled Perch Lane LONGWOOD FL 32750 Kissimmee, FL 34743		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 3780 Speckled Perch Lane Suite, Apt. #, etc.		2a. Mailing Address 27 3780 Speckled Perch Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/21/1998	
22 City & State 23 Kissimmee, FL		28 City & State 28 Kissimmee, FL		4. FEI Number 59-3542333	
24 Zip 34743		25 OSCOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 34743		29 34743		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27 34743		30 OSCOLA		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

OWEN RAMSAY, CLAUDETTE

1501 GRACE LAKE CIR 3780 Speckled Perch Lane  
LONGWOOD FL 32750 Kissimmee, FL 34743

## 10. Name and Address of New Registered Agent

81 Name	Claudette Owen Ramsay		
82 Street Address (P.O. Box Number is Not Acceptable)	3780 Speckled Perch Lane		
83			
84 City	Kissimmee	85 Zip Code	34743

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 Claudette Owen Ramsay, Owner

2/24/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Owner	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudette Owen Ramsay	1.2 NAME	
STREET ADDRESS	3780 Speckled Perch Lane	1.3 STREET ADDRESS	None
CITY-ST-ZIP	Kissimmee, FL 34744	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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: Claudette Owen Ramsay, Owner 2/24/99 888-649-1727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/198)