

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # S61494 (8)

1. Corporation Name

HIGH CLASSICS INC.

95 MAY 10 11 05:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1302 LAKE GENEVA LAKE WORTH FL 33461	1302 LAKE GENEVA LAKE WORTH FL 33461

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Phone	25. Phone
29. Phone	30. Phone

3. Date Incorporated or Qualified	3a. Date of Last Report
08/21/1991	05/01/1994
4. FBI Number	Applied For
65-0270596	Not Applicable
5. Certificate of Status Deemed	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has failed to comply with Section 607.0605, Florida Statutes	Yes ☒ No ☐

9. Name and Address of Current Registered Agent	
RHKO, ANTTI 303 LAKE AVENUE LAKE WORTH FL 33460	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
		4. CITY, STATE, ZIP	
OFFICER	NAME	5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	
CITY, STATE, ZIP		7. STREET ADDRESS	
		8. CITY, STATE, ZIP	
OFFICER	NAME	9. NAME	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY, STATE, ZIP		11. STREET ADDRESS	
		12. CITY, STATE, ZIP	
OFFICER	NAME	13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
		16. CITY, STATE, ZIP	
OFFICER	NAME	17. NAME	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY, STATE, ZIP		19. STREET ADDRESS	
		20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0602, Florida Statutes. I further certify that the information was obtained from the annual report or supplementary annual report as required by law and is correct 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 1, 2 or Block 3 of this report or on an attachment with an address.

SIGNATURE: *Antti Rahko* Antti Rahko 05.11.95 5868590