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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$90103

(0)

CLASSIC PROPERTIES OF LEHIGH, INC. Principal Place of Business Maining Address 411 LEE BOULEVARD 411 LEE BOULEVARD LEHIGH FL 33936 LEHIGH FL 33936-4900 3. Date Incorporated or Qualified 3a. Date of Last Report 10/28/1991 06/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0298527 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALCANTARA, KIRSTEN H. 81 Name 214 JEFFERSON AVENUE Street Address (P.O. Box Number is Not Acceptable) LEHIGH FL 33936 83 84 City 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 protections with registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 DELETE TITLE 11 TITLE Change Addition ALCANTARA, KIRSTEN H. ALCANTARA-CAPLE NAME 1.2 NAME KIRSTED 117 ORTONA STREET STREET ADDRESS 1.3 STREET ADDRESS LEHIGH FL CITY-SF-ZIP 1.4 CITY - ST - ZIP ח **D** DELETE TITLE 21 TITLE Change Addition HICKERSON, BEVERLY C. NAME 2.2 NAME 23 HIGHLAND AVENUE STREET ADORESS 2.3 STREET ADDRESS LEHIGH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY - ST- ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZiP THILE DELETE 6.1 TITLE Change Addition NAVE

14. I do 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 I am an officer or director of the corporation or the receiver or trustoe 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.

6.3 STREET ADDRESS

6.4 CITY - \$T - ZIP

6.2 NAME

STREET ADDRESS

CITY - ST - ZIP

1-16-99 941-368-3900

FILED

Jan 23 1997 8:00am

Secretary of State