

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S97065** (4)
1. Corporation Name
CLASSIC II, INC.



Principal Place of Business
**549 N GOLDENROD RD
STE 1
ORLANDO FL 32807**

Mailing Address
**549 N GOLDENROD RD
STE 1
ORLANDO FL 32807**

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
06/20/1995

4. FEI Number
59-3222369

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MARDINI, M. WALID
549 N GOLDENROD RD
STE 1
ORLANDO FL 32807**

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

Signed, typed or printed name of registered agent and the person who authorized the change of registered agent or registered office, or both, on behalf of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	MARDINI, M. WALID	549 N GOLDENROD RD #1	ORLANDO FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

800001817958
05/13/96 01022 037
*****200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SG 5-1-96

CR2E034 (12/95)