

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 JUL 28 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S97274 (2) 97-AR CM			
1. Corporation Name CLASSICON AMERICA, INC.			
Principal Place of Business 3078 N TAMiami TRAIL 1201 E. ATLANTIC BLVD., SUITE 100 NAPLES FL 33940 US		Mailing Address 3078 N TAMiami TRAIL NAPLES FL 33940 US	
2. Principal Place of Business 21 5353 Jaeger Road Suite, Apt. #, etc. 22 City & State 23 Naples, FL Zip 24 34109 Country 25 US		2a. Mailing Address 26 5353 Jaeger Rd Suite, Apt. #, etc. 27 City & State 28 Naples, FL Zip 29 34109 Country 30 US	
9. Name and Address of Current Registered Agent GEARY, RICHARD F. III 3078 N TAMiami TRAIL NAPLES FL 33940		10. Name and Address of New Registered Agent 81 Name Geary, Richard F. III 82 Street Address (P.O. Box Number is Not Acceptable) 5353 Jaeger Road 83 84 City Naples FL 85 Zip Code 34109	
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's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LENZ, MICHAEL P. 5353 JAEGER ROAD NAPLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	900002259769--5 -08/06/97--01095--026 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEARY, RICHARD F. III 5353 JAEGER ROAD NAPLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEARY, GAIL R. 5353 JAEGER ROAD NAPLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 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 appointed 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 to this report.

SIGNATURE: *[Signature]* 7.22.97 941.594.11600

CR2E034 (4/97)