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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # V21372

(0)

Mailing Address

THE CLASSICS OF TAMPA, INC.

| FILED              |
|--------------------|
| Mar 06 1997 8:00am |
| Secretary of State |

| 3104 SAN 16101                       |  | 3104 SAN ISIDRO                         |                                 |   |  |                              |
|--------------------------------------|--|---|---------------------------------|---|--|------------------------------|
| TAMPA FL 33628                       |  | TAMPA FL 33629-5928                     |                                 | 3. Date Incorporated or Qualified   |  | Report                       |
| 2. Principal P                       | lace of Business   | 2a. Mailing Address                     |                                 | 4. FEI Number   | LA   | pplied For                   |
| 21 311                               | a Angeles St   | 26 3112 ANG                             | seces St                        | 59-3114084  |  | ot Applicable                |
| Suite Apt                            | # etc  | Suite, Apt. #, etc.                     |                                 | 5. Certificate of Status Desired  |  | Additional<br>lequired       |
| City & State  23 Tampa, FL  28 Tampa |  |   | , FC                            | Election Campaign Financing     Trust Fund Contribution   |  | May Be<br>to Fees            |
| 7ip<br>24 ろろい                        | 639 25 USA   | l                                       | Country<br>OUSA                 |   | Yes 🗌 No                                   | s. 199.032,                  |
|                                      | 9. Name and Address of Current I   | legistered Agent                        |                                 | 10. Name and Address of New Reg   | Jistered Agent                             |                              |
|                                      | RIOR, MARY L   |   | 81 Name                         |   |  |                              |
|                                      | ? Angeles St<br>Pa Fl 33629  |   |                                 | dress (P.O. Box Number is Not Acceptable  | le)  |                              |
|                                      |  |   | 63                              |   |  |                              |
| !                                    |  |   | 84 City                         |   | FL 85 Zip                                  | Code                         |
| l allice or r                        | to the provisions of Sections 607 0502 a<br>registered agent, or both, in the State of<br>an familiar with, and accept the obligation  | Florida, Such change was au             | thorized by the corpora         | poration submits this statement for the particular polynomial of directors. I hereby acceptions | urpose of changing<br>t the appointment as | rts registered<br>registered |
| SIGNATURE                            | and the second of the second o | 1 600                                   |                                 |   |  |                              |
| 12.                                  | Signatur types or prefections of transferred agents OFFICERS AND I   |   | Registered Agent signature requ | ulred when reinstating)  ADDITIONS/CHANGES TO OFFIC   | DATE<br>FRS AND DIRECTO                    | RS IN 12                     |
| TILLE                                | D OF FIGURE AND I  | DELETE                                  | 1.1 TITLE                       | ADDITIONS OF PRINCES TO OFFICE  | Change                                     | Addition                     |
| NAW:                                 | FARRIOR, MARY LEE  |   | 1.2 NAME                        |   |  |                              |
| STREEL ADDRESS                       | 3112 ANGELES ST  |   | 1.3 STREET ADDRESS              |   |  |                              |
| C(TY-S1-Z)P                          | TAMPA FL   |   | 1.4 CITY-ST-ZIP                 |   |  |                              |
| Titte                                | D  | DELETE                                  | 2.1 TITLE                       |   | ☐ Change                                   | ☐ Addition                   |
| NAV:                                 | ROBERTS, FRANCES P.  |   | 2 2 NAME                        |   |  |                              |
| STREET ADDRESS                       | 2943 HABERSHAM RD, N.W.  |   | 2.3 STREET ADDRESS              |   |  |                              |
| City - \$1 - ZiP                     | ATLANTA GA   | ,                                       | 2 4 CITY-ST-ZIP                 |   |  |                              |
| TITLE                                | D  | DELETE                                  | 3.1 TITLE                       | · · · · · · · · · · · · · · · · · · ·   | ☐ Change                                   | ☐ Addition                   |
| NAME                                 | STARRETT, SARA JANE  |   | 3.2 NAME                        |   | -  | 1                            |
| STREET ADDRESS                       | 3104 SAN ISIDRO  | <b>'</b>                                | 3.3 STREET ADDRESS              | •   |  |                              |
| CITY-S1-ZIP                          | TAMPA FL   |   | 3.4 CITY-ST-ZIP                 |   |  |                              |
| TITLE                                |  | DELETE                                  | 4.1 TITLE                       |   | ☐ Change                                   | Addition                     |
| NAME                                 |  |   | 4. 2 NAME                       |   |  |                              |
| STREET ADDRESS                       |  |   | 4.3 STREET ADDRESS              |   |  |                              |
| €-TY - S1 - ZIP                      |  |   | 4.4 CITY-ST-ZIP                 |   |  |                              |
| 1011                                 |  | DELETE                                  | 5.1 TITLE                       |   | Change                                     | noitibbA                     |
| NAME                                 |  |   | 5.2 NAME                        |   |  |                              |
| STREET ADDRESS                       |  |   | 5.3 STREET ADDRESS              |   |  |                              |
| C/TY+S1+7IP                          |  |   | 5.4 CITY-ST-ZIP                 |   |  |                              |
| 1011                                 |  | DELETE                                  | 6.1 TITLE                       |   | ☐ Change                                   | Addition                     |
| NAME                                 |  |   | 6.2 NAME                        |   |  |                              |
| STREET ADDRESS                       |  |   | 6.3 STREET ADDRESS              |   |  |                              |
| 0:TY - S1 - 7(P                      |  |   | 6.4 CITY-ST-ZIP                 |   |  |                              |
| <b> </b>                             | 4,   | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <del></del>                     | -1 ( O - 1) - 440 07(0)() - F(- 2) - O(-1)  |  |                              |

14. For 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR