

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V58151

(4)

1. Corporation Name  
CLASSIC CLOTHIERS, INC.



Principal Place of Business

6509 DAHLIA DR.  
MIRAMAR FL 33023

Mailing Address

6509 DAHLIA DR.  
MIRAMAR FL 33023-4909

2. Principal Place of Business

21 1105 GUAHA ISLE  
Suite, Apt. #, etc.

22 City & State  
Ft. Lauderdale, FL

23 Zip  
33315

24 Country  
USA

2a. Mailing Address

26 1105 GUAHA ISLE  
Suite, Apt. #, etc.

27 City & State  
Ft. Lauderdale, FL

28 Zip  
33315

29 Country  
USA

3. Date Incorporated or Qualified  
08/11/1992

3a. Date of Last Report  
09/23/1996

4. FEI Number  
65-0358083

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

9. Name and Address of Current Registered Agent

SIEGEL, FRED  
CLASSIC CLOTHIERS  
6509 DAHLIA DR.  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name SIEGEL, FRED  
82 Street Address (P.O. Box Number is Not Acceptable) CLASSIC CLOTHIERS  
83 1105 GUAHA ISLE  
84 City Ft. LAUDERDALE FL 85 Zip Code 33315

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SIEGEL, FREDERICK	
STREET ADDRESS	6509 DAHLIA DR.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SIEGEL, RIVA LYNN	
STREET ADDRESS	6509 DAHLIA DR.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 954-766-6005  
Date Daytime Phone #

CR2E034 (9/96)