

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

FILED
May 07 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # K41329 (9)
 1. Corporation Name
FIRST CLASS INVESTORS, CORP.



| | |
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| Principal Place of Business C/O ANTHONY DEVITO 85-15 68TH AVE REGO PARK NY 11374 | Mailing Address C/O ANTHONY DEVITO 85-15 68TH AVE REGO PARK NY 11374 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|-----------------------|-----------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/26/1988 | |
| 21 Suite, Apt. #, etc | 22 City & State | 26 Suite, Apt. #, etc | 27 City & State | 4. FEI Number 11-2955897 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

| | | | | |
|--|--|--|--|---|
| SCHECHT, NEIL S. 101 EAST KENNEDY BLVD. SUITE 3140 TAMPA FL 33602 | | | | 81 Name |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 |
| | | | | 84 City |
| | | | | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0602 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D DEVITO, MICHELLE | 1.2 NAME | |
| STREET ADDRESS | 85-15 68TH AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | REGO PARK NY | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D DEVITO, ANTHONY | 2.2 NAME | |
| STREET ADDRESS | 85-15 68TH AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | REGO PARK NY | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D WEBER, JOHN | 3.2 NAME | |
| STREET ADDRESS | 7500 ARLINGTON | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRONX NY | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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:  **4/27/98**

CR2E034 (10/97)