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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 614942

CLIENTELE, INC.

Principal Place of Business Mailing Address 14101 NW 4TH STREET 14101 NW 4TH STREET SUNRISE FL 33325 SUNRISE FL 33325-6209 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1979 03/18/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1903832 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RILEY, PATRICIA 14101 NW 4TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33325 83 84 City 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 \$ year will type a corporated mode of registered agent and little diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PD DELETE Change Addition THILE 11 TITLE RILEY, PATRICIA 1.2 NAME 14101 NW 4TH STREET 1.3 STREET ADDRESS STREET ADORESS SUNRISE FL OTY \$1.74 1.4 CITY-ST-ZIP DELETE Change Addition THEF 2.1 TITLE 2.2 NAME MAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY \$1-71F DELETE Change Addition Addition THE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CiTY-ST-ZiP CITY - \$1 - 20 DELETE Change Addition THE 4.1 TITLE

14. I do nereby 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 our rustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ar

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

**53 STREET ADDRESS** 

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

THEE

NAM

TITLE

MAMi

STREET ADDRESS

STREET ACDRESS

STREET AODRESS CITY - \$1 - 719

CITY ST 716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 31 1997 8:00am

Secretary of State

0285531

Addition

Addition

Change

Change

(96/6) R2E034