FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 831049 (2)

1. Corporation Name
LE CLAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2200 S. OCEAN LANE. #2410 FT. LAUDERDALE FL 33316	2200 S. OCEAN LANE. #2410 FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 31-0714623 ☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLEMAN, JEFFREY A 915 CORDOVA ROAD FT. LAUDERDALE FL 33316	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	11 TITLE	STD	☒ Change ☐ Addition
NAME	KING, BARBARA A	12 NAME		
STREET ADDRESS	5417 N.E. 3RD TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	D	☒ Change ☐ Addition
NAME	COLEMAN, T SCOTT	22 NAME		
STREET ADDRESS	18316 LONG LAKE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, E A	32 NAME		
STREET ADDRESS	2200 S OCEAN LN APT 2410	33 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, JEFFREY A	42 NAME		
STREET ADDRESS	915 CORDOVA ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	44 CITY-ST-ZIP		
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	Barbara J. Coleman	
STREET ADDRESS		53 STREET ADDRESS	2200 S Ocean Lane Apt 2410	
CITY-ST-ZIP		54 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Barbara A. King /SEC 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA A. KING

0225200 CP