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 # 831049

(2)

Mailing Address

LE CLAR ENTERPRISES, INC.

FILED Apr 18 1997 8:00am Secretary of State

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2200 S. OCEAN LANE: #2410 FT. LAUDERDALE FL 33316		2200 S. OCEAN LANE. #2410 FT. LAUDERDALE FL 33316-3802							
						 Date Incorporated or Qualified 10/11/1973 		te of Last R 1 8/1996	leport
2. Principal Pl	ace of Business	2a. Mailing Address	, Mailing Address			4. FEI Number			oplied For
21		26				31-0714623			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	·			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25	Zip 29	Counti						
	9. Name and Address of Currer	t Registered Agent				0. Name and Address of New Re	gistered A	gent	
	EMAN, JEFFREY A		8	Name	е				
915 CORDOVA ROAD FT. LAUDERDALE FL 33316			8:		roet Address (P.O. Box Number is Not Acceptable)				
			8:	3					
			8-	1 1			FL	11	Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607.1508, Florida Statu of Horida. Such change was ations of, Section 607.0505, F	ites, the abo authorized to lorida Statut	ve-name by the co	orporation	tion submits this statement for the p s board of directors. I hereby accep	urpose of of the appo	changing it intment as	ts registered registered
SIGNATURE	-				•				
	Signature, typed or printed harrie of registered age		TE Hogistered A	gent signatu	ure required w		DATE	DIRECTOR	
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	Addition
TITLE	STD King, Barbara A	☐ Dereue	1.1 TITLE			•		Unlange	☐ Mutition
NAME	6417 N.E. 3RD TERRACE		1.2 NAME						
STREET ADDRESS	FT. LAUDERDALE FL		14 CITY	T ADDRESS	`				
CITY-ST-ZIP TITLE	D	DELETE	21 1111.6	31-21	-			Change	Addition
- NAME	COLEMAN, T SCOTT		22 NAME					_ •	
STREET ADDRESS	18316 LONG LAKE DRIVE			T ADDRESS	s				
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY	- S1 - ZIP					
TITLE	D	DELETE	3.1 TITLE					Change	Addition
NAME	COLEMAN, E A		3.2 NAMI			•			
STREET ADDRESS	2200 S OCEAN LN APT 2410		3.3 STRE	I ADDRESS	s	•			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		3.4. CHY	- ST - ZIP	<u> </u>				
TITLE	PD	DELETE	4.1 TITLE					Change	Addition
NAME	COLEMAN, JEFFREY A		4. 2 NAM						
STREET ADDRESS	915 CORDOVA ROAD		. I	T ADDRESS	S				;
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	DELETE	4.4 CITY					Change	Addition
TITLE	V	☐ hereit	5.1 TITLE		1			Olianac FTT	Addition
NAME	COLEMAN, BARBARA J. 2200 S. OCEAN LANE APT 24	110	5.2 NAM	FT ADDRESS	.				
STREET ADDRESS	FORT LAUDERDALE FL	TIV	5.3 STRE 5.4 CITY		١				
CITY-ST-ZIP TITLE	TALL DANDERDALE IL	DELETE	6.1 TITLE		+			Change	Addition
NAME		Land Country	6.2 NAMI						
STREET ADDRESS				: E1 address	s				
CITY-ST-ZIP			6.4 C/TY		-				

do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 is the good, or on an attachment with an address.

4/14/97