

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90193 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831049

1. Corporation Name
LE CLAR ENTERPRISES, INC.

Principal Place of Business 2200 S. OCEAN LANE. #2410 FT. LAUDERDALE FL 33316	Mailing Address 2200 S. OCEAN LANE. #2410 FT. LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/11/1973	
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

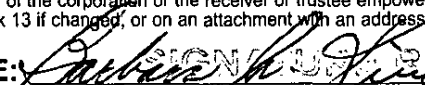
9. Name and Address of Current Registered Agent COLEMAN, JEFFREY A 915 CORDOVA ROAD FT. LAUDERDALE FL 33316 Address Change Only		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 2840 N.E. 26th PLACE 84 City Fort Lauderdale 85 Zip Code FL 33306	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, BARBARA A 5417 N.E. 3RD TERRACE FT. LAUDERDALE FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 204 N.E. 51st Street Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, T SCOTT 18316 LONG LAKE DRIVE BOCA RATON, FL 00000 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, E A 2200 S OCEAN LN APT 2410 FT LAUDERDALE, FL 00000 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, JEFFREY A 915 CORDOVA ROAD FT LAUDERDALE, FL 00000 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 2840 N.E. 26th Place Fort Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLEMAN, BARBARA J. 2200 S. OCEAN LANE APT 2410 FORT LAUDERDALE FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED BARBARA A. KING 4/20/99 (954) 941-2312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #