

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G77483 (7)**

1. Corporation Name
CLA, INC.



Principal Place of Business: **136 PALMETTO DUNES CIRCLE NAPLES FL 33962**
Mailing Address: **136 PALMETTO DUNES CIRCLE NAPLES FL 33962**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1984	3a. Date of Last Report 08/14/1995
21		26		4. FEI Number 59-2363618	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RODRIGUEZ, FRANKLIN G. 136 PALMETTO DUNES CR. NAPLES FL 33962				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Date: _____)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANKLIN G.		1.2 NAME				
STREET ADDRESS	136 PALMETTO DUNES CR		1.3 STREET ADDRESS				
CITY - ST - ZIP	NAPLES FL		1.4 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALBERT F.		2.2 NAME				
STREET ADDRESS	136 PALMETTO DUNES CR		2.3 STREET ADDRESS				
CITY - ST - ZIP	NAPLES FL		2.4 CITY - ST - ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, DOROTHY M.		3.2 NAME				
STREET ADDRESS	136 PALMETTO DUNES CR		3.3 STREET ADDRESS				
CITY - ST - ZIP	NAPLES FL		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				

CLA, INC.

14. I do hereby certify that the information furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 (94)775-8390

CR2E034 (12/95)