

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 AM 9:12

DOCUMENT # **H96153** (2)

1. Corporation Name  
**CLARFIELD CORPORATION**

Principal Place of Business Mailing Address  
**100 SECOND AVENUE SOUTH STE. 1202 ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/28/1986** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **200 Central Avenue** 26 **200 Central Avenue**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Barnett Tower, 23rd Floor** 27 **Barnett Tower, 23rd Floor**  
City & State City & State  
23 **St. Petersburg, FL 33701** 28 **St. Petersburg, FL 33701**  
Zip Country Zip Country  
24 **33701** 25 **USA** 29 **33701** 30 **USA**

4. FEI Number **59-2714048** 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  
B. This corporation has liability for intangible tax under ss. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROY G. HARRELL, JR.**  
**100 SECOND AVENUE SOUTH 200 Central Avenue**  
**SUITE 12502 Barnett Tower, 23rd Floor**  
**ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<b>DPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARFIELD, WILLIAM</b>	1.2 NAME	<b>CLARFIELD, WILLIAM</b>
STREET ADDRESS	<b>120 ADELAIDE ST. W. 1204</b>	1.3 STREET ADDRESS	<b>3200 DUFFERIN ST. #205</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO CANA</b>	1.4 CITY-ST-ZIP	<b>NORTH YORK, ONT., CAN. M6A2T3</b>
TITLE	<b>T</b>	2.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARFIELD, WILLIAM</b>	2.2 NAME	<b>CLARFIELD, WILLIAM</b>
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TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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	

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 110.07(3)(a), 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: **WILLIAM CLARFIELD** *[Signature]* APR. 6/95 416-789-7501  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #