

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J43434 (6)**

1. Corporation Name
CLARK, OEN, JOHNSON & FISCHER, INC.



Principal Place of Business: **1800 AUSTRALIAN AVE S #202 WEST PALM BEACH FL 33409 US**
Mailing Address: **1800 AUSTRALIAN AVE S #202 WEST PALM BEACH FL 33409 US**

3. Date Incorporated or Qualified: **11/21/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2854321**
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **RICHARDSON, KEVIN F 1551 FORUM PLACE STE. 300-F WEST PALM BEACH FL 33401**
10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0503 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 the date of such signature. If the Registered Agent Signature is required when the statement is filed, the date of such signature is required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: CLARK, WILLIAM C. STREET ADDRESS: 1800 AUSTRALIAN AVE S SUITE 202 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	1. TITLE: CD 2. NAME: _____ 3. STREET ADDRESS: _____ 4. CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD NAME: JOHNSON, KATHLEEN M. STREET ADDRESS: 1800 AUSTRALIAN AVE S, #202 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	2. 1. TITLE: _____ 2. 2. NAME: _____ 3. 3. STREET ADDRESS: _____ 4. 4. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OEN, RICHARD F. STREET ADDRESS: 1800 AUSTRALIAN AVE S, #202 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	3. 1. TITLE: _____ 3. 2. NAME: _____ 3. 3. STREET ADDRESS: _____ 3. 4. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: FISHER, ERIC J STREET ADDRESS: 1800 AUSTRALIAN AVE. #202 CITY-ST-ZIP: W. PALM BCH. FL	<input type="checkbox"/> DELETE	4. 1. TITLE: PD 4. 2. NAME: FISCHER, ERIC J. 4. 3. STREET ADDRESS: _____ 4. 4. CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CLARK, BETTY L STREET ADDRESS: 1800 AUSTRALIAN AVE. S. #202 CITY-ST-ZIP: WEST PALM BCH. FL	<input type="checkbox"/> DELETE	5. 1. TITLE: _____ 5. 2. NAME: _____ 5. 3. STREET ADDRESS: _____ 5. 4. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6. 1. TITLE: _____ 6. 2. NAME: _____ 6. 3. STREET ADDRESS: _____ 6. 4. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 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, unchanged, or on an attachment with an address.

SIGNATURE: *William C. Clark* William C. Clark 4/26/96 407/640-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)