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Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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**

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--------------------------------|--|-------------------------|--|-----------------------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 11/21/1986 | | 59-2854321 | | Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 8. Election Campaign Financing Trust Fund Contribution | | \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 24. Zip | | 25. Country | | 29. Zip | |
| 23 | | 28 | | 24 | | 25 | | 29 | |
| 30. Country | | 31. Country | | 32. Zip | | 33. Country | | 34. Zip | |
| 24 | | 25 | | 29 | | 30 | | 31 | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RICHARDSON, KEVIN F 1551 FORUM PLACE STE. 300-F WEST PALM BEACH FL 33401 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | | | |
| | | | | 85. Zip Code | | | |
| | | | | FL | | | |

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------------------|--|--|---|------------------------------|--|--|
| TITLE | CD | <input type="checkbox"/> DELETE | | 1.1 TITLE | C/T/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CLARK, WILLIAM C. | | | 1.2 NAME | | | |
| STREET ADDRESS | 1800 AUSTRALIAN AVE S SUITE 202 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VSD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOHNSON, KATHLEEN M. | | | 2.2 NAME | | | |
| STREET ADDRESS | 1800 AUSTRALIAN AVE S, #202 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | PTD | <input type="checkbox"/> DELETE | | 3.1 TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | OEN, RICHARD F. | | | 3.2 NAME | | | |
| STREET ADDRESS | 1800 AUSTRALIAN AVE S, #202 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FISCHER, ERIC J. | | | 4.2 NAME | | | |
| STREET ADDRESS | 1800 AUSTRALIAN AVE. #202 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | W. PALM BCH. FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CLARK, BETTY L | | | 5.2 NAME | | | |
| STREET ADDRESS | 1800 AUSTRALIAN AVE. S. #202 | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BCH. FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | Glidden, Roxanne | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | 1800 Australian Ave. S, #202 | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | West Palm Beach, FL 33409 | | |

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.

SIGNATURE: *William C Clark* William C Clark 4/8/98 561/640-0600

CR2E034 (10/97)