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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90086 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J43434

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



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 11/21/1986	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2854321		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

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 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	CLARK, WILLIAM C.	
STREET ADDRESS	1800 AUSTRALIAN AVE S SUITE 202	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GLIDDEN, ROXANNE	
STREET ADDRESS	1800 AUSTRALIAN AVE S, #202	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OEN, RICHARD F.	
STREET ADDRESS	1800 AUSTRALIAN AVE S, #202	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISCHER, ERIC J.	
STREET ADDRESS	1800 AUSTRALIAN AVE. #202	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, BETTY L	
STREET ADDRESS	1800 AUSTRALIAN AVE. S. #202	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *William C Clark* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William C Clark** 4/16/99 561/640-0600
 Date Daytime Phone #

CR2E034 (1/98)