## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M95457

(1)

ASSOCIATES & RICHARD E. CLARE, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

4-14-97

• *									
Principal Place of Business Mailing Address									
15617 IONA LAI FORT MYERS F US		P.O. BOX 08130 FORT MYERS FL 33908-0121	P.O. BOX 08130 FORT MYERS FL 33908-0121						
						3. Date Incorporated or Qualified 08/23/1988		te of Last I <b>3/1996</b>	, 
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		<del> </del> -	pplied For
21	H -A-	26				65-0069728 Not Applicab			
Sulte, Apt.		Suite, Apt #, etc.	27			5. Certificate of Status Desired Fee Required			
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Ш	· · · · · · · · · · · · · · · · · · ·	to Fees
Zip	Country	Zip	ı ' <del> </del> -			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \square\) No			
24	9. Name and Address of Curr		30]			10. Name and Address of New Re			
CLAS	RE, RICHARD E		81	ī	Name			<u> </u>	
	7 IONA LAKES DR.		OD Charak Address			(S.O. Day Niverbay to Net Accomtoh	la\		
	MYERS FL 33908		82 Street Add			ess (P.O. Box Number is Not Acceptab	ie)		
1011	I WILLIO I E GOOD		83	3					
			84	1	City			<b>85</b> Zip	Code
				1.		oration submits this statement for the p	FL		18
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was a	ulnorized t	งงา	the corporation	ion's board of directors. I hereby accep	t the appo	intment a	s registered
SIGNATURE		The state of the s					DATE		
12.	Signature, typed or printed name of registered :  OFFICERS A	AND DIRECTORS	13.	geni	a signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	DBS IN 12
TITLE	PT	DELETE	1.1 1 TLF			The state of the s	211011110	Change	
NAME	CLARE, RICHARD E		1.2 NAME						
STREET ADDRESS	15617 IONA LAKES DR.		1,3 STREE	I A	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33908		1.4 CITY -	ST-	- ZIP				
TITLE	V\$	DELETE	2.1 TITLE					Change	Addition
NAME	CLARE, JANE E		2.2 NAM6						
STREET ADDRESS	15617 IONA LAKES DR.		2.3 STREE	I A	ADDRESS	&			•
CITY-ST-ZIP	FT. MYERS FL 33908		2.4 CITY		I - ZIP			O Okaza	T A SABOLA
TITLE		DELETE	3.1 TITLE					∐ Change	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE						
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE	-	- 211			Change	Addition
NAME			4. 2 NAM					•-	
STREET ADDRESS			4.3 \$1REE		ADDRESS				
CITY-ST-ZIP			4.4 CITY-						
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			. 5.2 NAME						
STREET ADDRESS			5.3 STREE	ΤA	ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-	- <b>2</b> IP				
TITLE		☐ DELETE	6.1 TITLE					∐ Change	L. Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE						
CITY-ST-ZIP	ar antification the information	find with this filian doos not a with	6.4 CITY-		14' 1 1 1 1 1 1 1 1 1	I in Section 119,07(3)(i), Florida Statutes	Lfurther	cortify the	t the
informatio l am an o appears i	of certain that the information supplies in indicated on this annual report of ficer or director of the comporation in Block 12 or Block 12 if changed.	or the receiver or trustee empowers or an artifact and an additional annual report is true or the receiver or trustee empowers or on an artifact ment with an additional and artifact and artifact ment with an additional and artifact and artifact ment with an additional artifact and artifact artifact and artifact artifact and artifact and artifact and artifact artifact and artifact artifact and artifact and artifact and artifact and artifact	ue and accered to exercise	cur	rate and that the this report	my signature shall have the same lega Las required by Chapter 607, Florida S	effect as latutes; ar	if made und that my	nder oath; that name