FILED Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M95457

ASSOCIA	ATES & RICHARD E. CLARE	E, INC.					
Principal Place	of Business	Mailing Address			T SERVATOR SID COLOR COL	81811 BIS11 BIS11 B	
15617 IONA LAKES DR. P.O. BOX 08130 FORT MYERS FL 33908 FORT MYERS FL 33908 US					DO NOT WRITE IN THIS SPACE		
		,			3. Date Incorporated or Qualifed 08/23/1988		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
				65-0069728		t Applicable	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 27 City & State City & State				-			
City & State		28		Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	_ Country		8. This corporation owes the current year Ir		
24	25	29 3	0		Personal Property Tax.		No
i	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent 2	
0.4	DE DIQUADO E		81	Name			
CLARE, RICHARD E 15617 IONA LAKES DR.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
FOR	T MYERS FL 33908		83				
			84	City	Fl	85 Zip (Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	the above horized by la Statutes.	e-named corp the corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	I f changing its intment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	tegistered Agen	t signature require	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PT	☐ DÉLETE 1.1				☐ Change	☐ Addition
NAME	CLARE, RICHARD E		1.2 NAME				•
STREET ADDRESS	10011 10101 = 1120 = 111		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	FT. MYERS FL 33908		1.4 CITY-ST	r-ZIP		<u>. </u>	
TITLE	VS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	CLARE, JANE E		2.2 NAME	ĺ			
STREET ADDRESS	15617 IONA LAKES DR.			ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE 3.1				☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			- A 440M
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME:			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		C not one	4.4 CITY-ST	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ Change	LI AUGUON
NAME			5.2 NAME 5.3 STREET	ADDDECC			
STREET ADDRESS			5.4 CITY-S1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-217		Change	Addition
TITLE		□ Dereie	6.2 NAME				
NAME	 		6.3 STREET	ADDRESS			
STREET ADDRESS			6.4 CITY-ST				
CITY-ST-ZIP			0.7 00 (*0)	·			

CITY-ST-ZIP 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 of 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 changes, or on an attachment of the corporation of the receiver of 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 changes, or on an attachment of the corporation of the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE: