

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S72989** (4)
1. Corporation Name
ANN CLARK REALTY CORPORATION



Principal Place of Business: **2211 ROGERO ROAD JACKSONVILLE FL 32211**
Mailing Address: **2211 ROGERO ROAD JACKSONVILLE FL 32211-4005**

3. Date Incorporated or Qualified: **08/13/1991**
3a. Date of Last Report: **04/05/1996**
4. FEI Number: **59-3078052**
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: **9951 Atlantic Blvd., Suite 222 Jacksonville, FL 32225 Duval**
2a. Mailing Address: **9951 Atlantic Blvd., Suite 222 Jacksonville, FL 32225 Duval**
21. City & State: **Jacksonville, FL**
22. City & State: **Jacksonville, FL**
23. City & State: **Jacksonville, FL**
24. City & State: **Jacksonville, FL**
25. City & State: **Duval**
26. City & State: **Jacksonville, FL**
27. City & State: **Jacksonville, FL**
28. City & State: **Jacksonville, FL**
29. City & State: **Jacksonville, FL**
30. City & State: **Duval**

9. Name and Address of Current Registered Agent: **CLARK, ANN L. 2211 ROGERO ROAD JACKSONVILLE FL 32211**
10. Name and Address of New Registered Agent: **CLARK, ANN L. 9951 ATLANTIC BLVD., SUITE 222 JACKSONVILLE FL 32225**

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	D	<input type="checkbox"/> DELETE
NAME	CLARK, ANN L.	
STREET ADDRESS	2211 ROGERO ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEBERT, ROBIN E.	
STREET ADDRESS	6852 SW 180TH AVE	
CITY - ST - ZIP	ALOHA OR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clark, Ann L.	
1.3 STREET ADDRESS	9951 Atlantic Blvd., Suite 222	
1.4 CITY - ST - ZIP	Jacksonville, FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hebert, Robin E.	
2.3 STREET ADDRESS	8995 SW Iowa Drive	
2.4 CITY - ST - ZIP	Tualatin, OR 97062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input 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 do 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:  3-1-97 904 7437123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)