

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90007 034 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **V31911**

Corporation Name
CLEVER INVESTMENTS, INC.



Principal Place of Business Mailing Address
~~BOX 880~~ **250 Park Ave, S Ste 500**
 WINTER PARK FL 32790-0880 P.O. BOX 880
 WINTER PARK FL 32790-0880

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		04/23/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
28		29		59-3127595	
City & State		City & State		Applied For	
30		31		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	26	27	28	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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALKER, WILLIAM A., II 250 PARK AVENUE SOUTH 6TH FLOOR WINTER PARK FL 32790				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 5th Floor			
				84 City			
				FL		32789	

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 _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELET	DPST WALKER, WILLIAM A., II 250 PARK AVE S 6TH FL WINTER PARK FL	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DELET		<input type="checkbox"/> DELETE	1.2 NAME
DELET		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 2171 GLENCOE RD
DELET		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP 32789
DELET		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
DELET		<input type="checkbox"/> DELETE	2.2 NAME
DELET		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
DELET		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
DELET		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
DELET		<input type="checkbox"/> DELETE	3.2 NAME
DELET		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
DELET		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
DELET		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
DELET		<input type="checkbox"/> DELETE	4.2 NAME
DELET		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
DELET		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
DELET		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
DELET		<input type="checkbox"/> DELETE	5.2 NAME
DELET		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
DELET		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
DELET		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
DELET		<input type="checkbox"/> DELETE	6.2 NAME
DELET		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
DELET		<input type="checkbox"/> DELETE	6.4 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 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 A. Walker, Pres.** 9/9/99 407-226-8674

CR2E034 (5/99)