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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 306174

(4)

FILED Feb 11 1997 8:00am Secretary of State

CLARK ENTERPRISES, INC.  Principal Place of Business Mailing Address  3850 N. ATLANTIC AVENUE COCOA BEACH FL 32831  COCOA BEACH FL 32831-3504						3. Date Incorporated or Qualified 3a. Date of Last Report				
					06/16/19	<b>)66</b>		01/1996		
	Place of flusiness	2a. Mailing Address			4. FEI Numb		-	h	Applied For	
Suite, Apt	# obs	26 Suite, Apt. #, etc.		·	59-114	3382			lot Applicable	
22 Suite, Apr	W, 13(6).	27			5. Certificate	of Status Desired			Additional Required	
City & Sta	ile	City & State			6. Election C	ampaign Financing	·		May Be	
23		28			Trust Fund	d Contribution		Added	i to Fees.	
Zip ─	Country	Zip	Cou	ntry		oration has liability fo	or interigible	tax under	s. 199.032,	
24	25 25 9, Name and Address of Cu	29	30		Florida St	atules d Address of New F		No Agent		
	PK, PATSY	inent negistereo Agent		81 Name	<del></del>	O MUUTOS OI NOW P	registered .	Agent		
	O N. ATLANTIC AVE.								<del>,,</del>	
	COA BEACH FL 32931			82 Street	Address (P.O. Box No	imber is Not Accept	abie)			
				83				<del></del>		
		•		84 City			<del>,</del>	<b>85</b> Zip	Code	
				City			FL	,   65   Z.IL	Code	
11. Pursuan office or agent. I SIGNATURE		0502 and 607.1508, Florida State of Florida. Such change warbligations of, Section 607.0505,				this statement for the rectors. I hereby acc		changing cointment a	s registered	
	Signature Typical or profed name of registeric OF FTCERS				e recuired when reinstating)	this statement for the rectors. I hereby acc	DATE			
SIGNATURE	Signature lighted or profess name of registers OFFICERS	ed agent and title II applicable. (N	IOTE: Registered	d Agent signatur	e recuired when reinstating)		DATE		PRS IN 12	
SIGNATURE  12. TITLE NAME	Signature lyzed or profed name of registers OFFICERS PD CLARK, PATSY J.	ed agent and title II applicable. (N	13. 1.1 Ti	d Agent signatur TLE VME	e recuired when reinstating)		DATE	DIRECTO	PRS IN 12	
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I formation 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 this 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 10 or Block 10 or Block 10 or Block 10 or an attachment with an address.

**SIGNATURE** 

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