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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09 1998 8:00am Secretary of State

	1990					
DOCUMENT # 390299 (6) CAMBRIDGE CLARKE INTERNATIONAL CORP.						
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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Principal Place of Business Mailing Address						
11785 ŁAKESHORE PŁACE NORTH PALM BEACH FL 33408		11785 LAKESHORE PLACE North Palm Beach FL 33408 US			DO NOT WRITE IN THIS SPACE	
U\$		05			3. Date Incorporated or Qualified	
					10/26/1971	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number Applied For	
21		26			59-1430524 Not Applicable	
Suite, Apt. 1	₩, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
City & State		Crty & State	City & State		Fee Required	
23	,	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip			Country		This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9, Name and Address of Curre	nt Registered Agent		····	10. Name and Address of New Registered Agent	
	ROS, EUNICE T		81	Name		
11785 LAKESHORE PLACE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
NO	FITH PALM BEACH FL 33408		83	<u> </u>		
			53	Į		
			84	City	FL 85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.050	J2 and 607.1508. Florida Statut	es, the above	e-named c		
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was a stions of Section 607 0505. Etc.	authorized by	y the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Translation, and poorly the oling	innontrol, occiden cor.cocc, re	onda olalolo	J ,		
	Signature, typed or printed rame of registered ag-			ent signature re	equiréd when reinstating) DATE	
12.	PD OFFICERS AN	OFFICERS AND DIRECTORS 13. DELETE 1.1			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	TALL, MURRY	DELETE	1.1 TITLE 1.2 NAME			
STREET ADDRESS	371 CHATHAM S		1.3 STREET ADDRESS		Eunice T. Baros Place	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-S	· · · · · · · · · · · · · · · · · · ·	11785 Lakeshore 1 (act) 33408	
TITLE	STD	DELETE	2.1 TITLE	,,	☐ Change ☐ Addition	
NAME	TALL, BRUCE	• •	2.2 NAME	l	·	
STREET ADDRESS	110 HAMPTON LANE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	'NE FL 2.40		ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		l	
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		3.4 CIT DELETE 4.1 TITL		ST-ZIP	☐ Change ☐ Addition	
TITLE NAME		4 21				
STREET ADDRESS			4.3 STREET A			
CITY-ST-ZIP			4.4 CITY - S	1	İ	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	DORESS !		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CHTY-ST-ZIP			
TITLE		DELETE 6.1 T			Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	į	
CITY-ST-ZIP	640		6.4 CITY - S	1-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 informatio 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.

GNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date:

SIGNATURE:

561-650-8304 Daving Phone # 0014684