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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

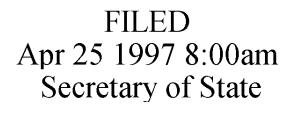
POCUMENT # 430287

ROBERT CLUNE & ASSOCIATES, INC.

NE & ASSOCIATES INC.

(3)

Mailing Address





130 CARLYLE CIRCLE PALM HARBOR FL 34683			130 CARLYLE CIRCLE PALM HARBOR FL 34683-1803						
						3. Date Incorporated or Qualified 07/11/1973	3a. Date of Last 05/01/1996	٠ .	
2. Principal Place of Business		26.	2a. Mailing Address		4. FEI Number		Applied For		
21		26	26		59-1516273		Vot Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CD 76	Additional		
22		27	27		5. Certificate of Status Desired Fee Required				
City & State			City & State			6. Election Campaign Financing	\$5.0¢	0.44	
23		28	28		Belection Campaign Financing Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			B. This corporation has liability for intangible tax under s. 199,032.			
24	25	29		30		Florida Statutes Yes No			
9. Name and Address of Current Registered Agent				1991	10. Name and Address of New Registered Agent				
CIII	INE, ROBERT				81 Name		·		
	CARLYLE CIRCLE								
	M HARBOR FL 34683				82 Street Address (P.O. Box Number is Not Acceptable)				
FAL	MI FIANDON FL 34003				83				
					•				
				•	84 City		85 Zip	Code	
44 5							FL " "		
11. Pursuant i	to the provisions of Sections are both.	ons 607.0502 and 6 in the State of Flori	607.1508, Florida Statut da. Such channe was a	ies, the at authorized	iove-named coi Lby the comors	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing	its registered	
agent. I a	m familiar with, and acco	pt the obligations o	f, Section 607.0505, Fk	orida Stat	iles.	ation's today of directors. Thereby accep	т не арронинен а	is registered	
SIGNATURE									
	Signature, typed or printed name of				Agent signature requ	uired when reinstating)	DATE		
12.		FICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PD CONTEST		DELETE	1.1 111	LE.		☐ Change	Addition	
NAME	CLUNE, ROBERT			1.2 NA	ME			[;	
STREET ADDRESS	130 CARLYLE CIRC	LE		1.3 S1	REET ADDRESS			li	
CITY-ST-ZIP	PALM HARBOR FL			1.4 CH	Y-ST-21P				
TITLE	8		☐ DELETE	2.1 111	L€		Change	Addition	
NAME	CLUNE, ELEANOR			2.2 NA	ME				
STREET ADDRESS	130 CARLYLE CIRCI	LE		2.3 S1	KEET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL			2. 4 CI	IY-ST-ZIP				
TITLE			DELETE	3.1 111	LF		Change	Addition	
NAME				3.2 NA	ME				
STREET ADDRESS				3.3 \$1	REE1 ADDRESS				
CITY-ST-ZIP				1	TY-ST-ZIP				
TITLE			DELETE	4,1 7(1	····		Change	Addition	
NAME				4. 2 N/					
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP								-	
TITLE			DELETE	5.1 Til	Y-ST-ZIP		☐ Change	Addition	
NAME			otten	5.2 NA				L Addition	
STREET ADDRESS								l	
					REET ADORESS			ŀ	
CITY-ST-ZIP			Driver		Y · ST - ZIP				
TITLE			☐ DELETE	6 1 TII			☐ Change	Addition	
NAME				6.2 NA	ME				
STREET ADDRESS				63 51	EET ADDRESS				
CITY-ST-ZIP				6.4 CIT	Y-ST-ZIP				

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.

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