FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** Apr 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 436434 CLARK & COMPANY, INC. Principal Place of Business Mailing Address 6100 HOLLYWOOD BLVD. 6100 HOLLYWOOD BLVD. SUITE #307 SUITE #307 HOLLYWOOD FL \$3024-7800 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33024-7900 3. Date Incorporated or Qualified 09/19/1973 4. FEI Number 59-1506558 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name CLARK, DAVID A. 5601 SW 109 AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33328 City Zip Code 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 Signature, typed or ponted name of registered agent and lite if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change CLARK, DAVID A 1.2 NAME 5601 SW 109TH AVE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE Change JOANNE CLARK 2.2 NAME

NAME 5601 SW 109 AVE STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-\$1-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

14. I hereby certify the the inform-indicated on this annual report officer or director of the corpor-Block 12 or Block 13 if the 190 ion 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 supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

12.

TITLE

NAME

TITLE

Addition

Addition

Applied For

Not Applicable