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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 497927 1. Corporation Name CHARLES M. CLARK, INC. Principal Place of Business 410 NORTH STREET HITT 459								
SUITE 182 LONGWOOD FL 32750	SUITE 162 LONGWOOD FL 32750-78:	57						
US	US				3. Date incorporated or Qualified 02/26/1976		ate of Last R /09/1996	eport
2. Principal Place of Business	2a. Mailing Address			······································	4. FEI Number	<u> </u>	7	oplied For
21	26				59-1652056			ot Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	City & State		·····		6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution		Added	
Zip Country	Zip	<u> </u>	untry		8. This corporation has liability for			. 199.032,
24 25 9. Name and Address of Cu	29	30	T		Fiorida Statutes X 10. Name and Address of New Re	Yes [
	Allent Hogistered Agent		81	Name	10. Hallie Blio Addiess of frem the	Alereien	Mair	
CLARK, CHARLES M. JR. 2850 WESTMINSTER-TERRACE	OC12 Dian Dulan						·	
2353 WESTMINSTER TERRACE 8613 Pisa Drive Apt #1332 Orlando, FL 32810			82					
			83					
	Ortando, FE 52010	5	84	City		FL	85 Zip	Code
			<u> </u>		acation authority this statement for the	F L	= of changing it	s registered
11. Pursuant to the provisions of Sections 607	2.0502 and 607.1508, Florida Statul	tes, the a	above	-named corpo	oradon bubilits this statement for the t	UPOSE U		
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent I am familiar with, and accept the control of the control	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the a authoriza lorida Sta	above ed by atutes	-named corporation the corporation.	on's board of directors. I hereby accep	ot the app	pointment as	registered
SIGNATURE							pointment as	registered
SIGNATURE Signature, typical or printed number of registers			ed Ager		on's board of directors. I hereby accepted when reliability. ADDITIONS/CHANGES TO OFFIC	DATE		
SIGNATURE Signature, typical or printed number of registers	ed agent and Blo (Lapplicable	TE Register	ed Ager	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
SIGNATURE Signature, systed or printed name of registers 12. OFFICERS	ed agent and tille if applicable. (NOI S AND DIRECTORS	18 Register 13.	ed Ager		ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	D DIRECTOR	RS IN 12
SIGNATURE Signature: typeed or printed name of registers 12. OFFICE AS TITLE PDS CLARK, CHARLES M JR STREET ADDRESS 2350 WESTMINISTER TER	red agent and tille if applicable. (NOI S AND DIRECTORS DELETE	18. Register 13.	ed Ager TITLE NAME	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	D DIRECTOR	RS IN 12
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SIGNATURE Signature: typed or printed name of registere 12. OFFICERS TRILE PDS CLARK, CHARLES M JR STREET ADDRESS CHY-ST-ZIP OVIEDO FL TITLE	red agent and tille if applicable. (NOI S AND DIRECTORS DELETE	13. 1.11 1.27 1.35 1.41 2.11	ed Ager Title NAME Street (City - St	P/ ADDRESS 86	ADDITIONS/CHANGES TO OFFICE/D 513 Pisa Drive, Apt #	DATE CERS AND	D DIRECTOR	RS IN 12
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6.4 CITY-ST-ZIP CITY+ST-ZIP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that accurate and that my signature shall have the same legal effect as if made under oath; that accurate an entire provided in the same legal effect as if made under oath; that accurate and that my name I do hereby certify that the information supplied with information indicated on this annual report or supplied. Lam an officer or director of the corp appears in Block 12 or Block 13 if of

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAM: STREEL ADDRESS

THLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CHY-ST-ZIP

Charles M. Clark, Jr

407/331-0055

Change

Change

___ Addition

Addition

FILED

May 02 1997 8:00am

Secretary of State