

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 525176 (4)**

1. Corporation Name  
**CLIFFORD ENTERPRISES, INC.**



Principal Place of Business <b>2773 S OCEAN BLVD                  #514                  PALM BEACH FL 33480</b>	Mailing Address <b>2773 S OCEAN BLVD                  #514                  PALM BEACH FL 33480-5581</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/04/1977</b>	3a. Date of Last Report <b>06/20/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1717278</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHORR, MAX, ESQ  
 250 ROYAL PALM WAY  
 PALM BCH FL 33480**

10. Name and Address of New Registered Agent

81 Name **CLIFFORD SHAPIRO**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2773 S. OCEAN BL. #514**  
 83  
 84 City **PALM BEACH FL** 85 Zip Code **33480**

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 **CLIFFORD SHAPIRO - PRES.** *Clifford Shapiro* DATE **3/11/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, CLIFFORD	
STREET ADDRESS	2773 S. OCEAN BLVD.	
CITY - ST - ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MARCIA	
STREET ADDRESS	2773 S OCEAN BLVD.	
CITY - ST - ZIP	PALM BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAPIRO, STEPHEN	
STREET ADDRESS	228 CLAYTON RD	
CITY - ST - ZIP	SCARSDALE, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, DONALD	
STREET ADDRESS	5624 QUEEN MARY RD.	
CITY - ST - ZIP	HAMPSTEAD, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVER, FRANCES	
STREET ADDRESS	6504 MERTON ROAD	
CITY - ST - ZIP	COTE ST LUC, CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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.

SIGNATURE: **CLIFFORD SHAPIRO** *Clifford Shapiro* DATE **3/11/97** 561-588-8030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)