

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
---	---	---

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>
--	---

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. Country		8. 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 <b>SCHORR, MAX, ESQ 250 ROYAL PALM WAY PALM BCH FL 33480</b>		10. Name and Address of New Registered Agent	
		81. Name <b>CLIFFORD SHAPIRO</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>2773 S. OCEAN BL. #514</b>	
		83. City	
		84. City <b>PALM BEACH FL</b>	85. Zip Code <b>33480</b>

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**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, CLIFFORD	1.2 NAME	
STREET ADDRESS	2773 S. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, MARCIA	2.2 NAME	
STREET ADDRESS	2773 S OCEAN BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, STEPHEN	3.2 NAME	
STREET ADDRESS	228 CLAYTON RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SCARSDALE, NY 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, DONALD	4.2 NAME	
STREET ADDRESS	5624 QUEEN MARY RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HAMPSTEAD, CANADA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, FRANCES	5.2 NAME	
STREET ADDRESS	6504 MERTON ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	COTE ST LUC, CANADA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 Daytime Phone #

CR2E034 (9/96)