


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

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Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/04/1977</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"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>SHAPIRO, CLIFFORD 2773 S OCEAN BLVD #514 PALM BCH FL 33480</b>				10. Name and Address of New Registered Agent	

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SHAPIRO, CLIFFORD	1.1 TITLE	
NAME	2773 S. OCEAN BLVD.	1.2 NAME	
STREET ADDRESS	PALM BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SHAPIRO, MARCIA	2.1 TITLE	
NAME	2773 S OCEAN BLVD.	2.2 NAME	
STREET ADDRESS	PALM BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S SHAPIRO, STEPHEN	3.1 TITLE	
NAME	228 CLAYTON RD	3.2 NAME	
STREET ADDRESS	SCARSDALE, NY 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SHAPIRO, DONALD	4.1 TITLE	
NAME	5624 QUEEN MARY RD.	4.2 NAME	
STREET ADDRESS	HAMPSTEAD, CANADA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SILVER, FRANCES	5.1 TITLE	
NAME	6504 MERTON ROAD	5.2 NAME	
STREET ADDRESS	COTE ST LUC, CANADA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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** 2/27/98 521-588-8030

CR2E034 (10/97)