

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

**FILED**  
**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.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-1717278</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				<b>\$5.00</b> May Be Added to Fees	

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		
				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	<b>FL</b>	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
PD	SHAPIRO, CLIFFORD 2773 S. OCEAN BLVD. PALM BCH FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
D	SHAPIRO, MARCIA 2773 S OCEAN BLVD. PALM BCH FL	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
S	SHAPIRO, STEPHEN 228 CLAYTON RD SCARSDALE, NY 00000	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
D	SHAPIRO, DONALD 5624 QUEEN MARY RD. HAMPSTEAD, CANADA	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
D	SILVER, FRANCES 6504 MERTON ROAD COTE ST LUC, CANADA	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: *[Signature]* CLIFFORD SHAPIRO 2/27/98 561-588-8030

CR2E034 (10/97)