

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:25

DOCUMENT # 586161

(2)

1. Corporation Name

CLC INVESTMENTS CORP.

Principal Place of Business

ONE PADDOCK CT
DAYTONA BCH FL 32119

Mailing Address

ONE PADDOCK CT
DAYTONA BCH FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1978

3a. Date of Last Report

02/01/1994

4. FEI Number

58-1346527

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HALLAM, FRANK E
ONE PADDOCK CT
DAYTONA BEACH, FL ABW 32014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature: hand or printed name of registered agent and type if applicable

Signature: hand or printed name of registered agent and type if applicable

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
HALLAM, FRANK E
ONE PADDOCK CT
DAYTONA BEACH FL

12.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TD
HALLAM, THOMAS F
14 HALLACHER DRIVE
NORTHPORT NY

12.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SD
STEINER, LEE N
345 PARK AVE
NEW YORK NY

12.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change ☐ Addition

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

☐ Change ☐ Addition

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

☐ Change ☐ Addition

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

☐ Change ☐ Addition

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE

Frank E. Hallam

FRANK E. HALLAM

1-18-95

904-767-2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number