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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 586161

(2)

Mailing Address

CLC	INVESTMENTS	CORP.

FILED Feb 17 1997 8:00am Secretary of State



ONE PADDOCK O DAYTONA BCH F		ONE PADDOCK CT DAYTONA BCH FL 32119-163	3		
				3. Date Incorporated or Qualified 09/12/1978	3a. Date of Last Report 04/18/1996
2. Principal Plan		2a. Mailing Address	ACH ST.	4. FEI Number	Applied For
21 100 Suite, Apt #,	S. BEACH ST.	26 1001 S. Bet	λCH 21'	58-1346527	Not Applicat
2 ROOM		27 ROOM 140	-HALLAM	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State DAYTON	NA BEACH, FL	City & State 28 DAYTON BE	ACH, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 3211	4- Country USA	29 37114 3	Country		Yes No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
	um, frank e		81 Name	ALLAM, FRANK E	3.
	PADDOCK CT		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
DAYTO	ONA BEACH,FL ABW 32014		83	06M 40	
			83 100	OI S. BEACH ST	h #
			84 City		R5 Zip Code
			DA	YTONA BEACH	
office or rec	distered agent, or both, in the State	of Florida. Such change was aut	horized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered
agent Lami	familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.		**
SIGNATURE :	Ignative, fysical or printed name of registered ago	thore s	Registered Agent signature requi	(red whoe relied to re)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
	PD	☐ DELETE	1.1 TITLE		Change Addit
NAME	HALLAM, FRANK E		1.2 NAME		
	ONE PADDOCK CT		1.3 STREET ADDRESS R	DOM 140, 1001 S. 1	BEACH ST.
CHV-ST-7P	DAYTONA BEACH FL		14 CiTY+ST-ZIP	AYTONA BEACH,	FL 32114
Till.E	TD	☐ DELETE	21 TITLE		Change Addit
	HALLAM, THOMAS F		2.2 NAME		*
ſ	14 HALLACHER DRIVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	NORTHPORT NY		2. 4 CITY-ST-ZIP		
1	SD	DELETE	3.1 TITLE		Change Addit
	Steiner, Lee N		3.2 NAME		
	345 PARK AVE		3.3 STREET ADDRESS		
	NEW YORK NY		3.4. CITY - ST - ZIP		
THILE		☐ DELETE	4.1 TITLE		Change Addit
NAME			4, 2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY-SL-ZiP		[] belete	4.4 City-St-ZiP		75 T 3-19
mile		☐ DELETE	51 TITLE		Change Addit
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City - S1 - ZiP		[] DELETE	5.4 CITY-ST-ZIP		Change Additi
TITLE		L.) DELETE	6.1 TITLE		Change Addit
NAME			6.2 NAME		

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-SE-ZIP

THE AND TYPES OR PRINTED NAME OF SIGNING SPEIGER OR DIRECTOR

AS F. HALLAM

2/10/97 516-391-1295

Daytime Phone #