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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 693712

1. Corporation Name

CLOVER FINANCE CORPORATION

Principal Place of Business Mailing Address 3837 S.W. 8TH ST. CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	1 B1811 4:5 (1 1401
CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE	
CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE	
3. Date incorporated or Quanted	
07/00/4004	
07/09/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Ap	Applied For
F0 040400	ot Applicable
	Additional
5. Certificate of Status Desired ☐ Fee Pe	Required
	D May Be
	or May Be itø Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	/
24 25 29 30 Personal Property Tax.	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
SORIANO, DENNIS	
3837 S.W. 8TH ST. 82 Street Address (P.O. Box Number is Not Acceptable)	
JUOY J.W. 011 J1.	
CORAL GABLES FL 33134 83	
CORAL GABLES FL 33134	
CORAL GABLES FL 33134) Code
CORAL GABLES FL 33134 83 84 City FL 85 Zip 6 11 Support to the provisions of Sections 507 0502 and 507 1508. Florids Statutes, the above paged corporation submits this statement for the purpose of changing its	ts registered
CORAL GABLES FL 33134 84 City FL 85 Zip 6 The purpose of changing its 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 re	ts registered
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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 challed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS