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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F21052

1. Corporation Name

CLORAL REPORTING INC.

	REPORTING, INC.											
Principal Place	of Business	Mai	iling Address				_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5501 SW 2ND ST PEMBROKE PINES FL 33023-1210			6501 SW 2ND ST PEMBROKE PINES FL 33023-1210					DO NOT WRITE IN THIS SPACE:  3. Date Incorporated or Qualifed  02/25/1981				
2. Principal Place of Business			2a. Mailing Address				_†	4. FEI Number		<u> </u>	olied For	
2. Principal Pla	ice of business	26	•					<u>59-2069865</u>	<u> </u>		Applicable	
Suite, Apt. #	etc		Suite, Apt. #, etc.					5. Certificate of Status Desired	□.	\$8.75 A		
ر. بهر بازی از اردان احا	, 5.5.	27			<u>.</u>						<del></del> -	
City & State			-City & State			پ میشیش	:- -	6Election Campaign Financing		>\$5:00 Added t	•	
13		28	<u> </u>				}-	Trust Fund Contribution			01003	
Zip	Country		Zip	_	untry			8. This corporation owes the cur	rent year ind	⊆Yes	ZNo	
24	25	29		30	<del></del>		<u>i_</u>	Personal Property Tax.  10. Name and Address of New	Registered			
	9. Name and Address of Cur	rrent Regis	tered Agent		81	Name		IU. Name and Address of No.				
	NA BARENT				اتا					<u> </u>		
HARL	DING, ROBERT				82	Street A	ddress	(P.O. Box Number is Not Accept	able)			
	SW 2ND ST				83					3. 134		
PEME	BROKE PINES FL FL 33023	•			53					orioni <del>o</del>	36 / 48	
	•				84	City			FL	85 Zip	Code	
	*		OT 4500 Florida Status	tac the	above	-named c	omora	ation submits this statement for the s board of directors. I hereby acce	purpose of	changing its	registered	
11. Pursuant t	to the provisions of Sections 607.	.0502 and 6 tate of Florid	da. Such change was a	uthonze	ed by 1	the corpor	ration	s board of directors. I hereby acce	ept the appoi	ntment as re	gistered	
	egistered agent, or both, in the Si m familiar with, and accept the ot	bligations of										
agent. 1 ar	ii fallima wangan an-	oligations of	, Ѕесиоп 607.0505, гк	orida Sia	ilules.							
agent. i ai			•					hea reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered	d agent and title	if applicable. (NOT		ed Agent			nen reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRECTO	DRS IN 12	
SIGNATURE	Signature, typed or printed name of registered OFFICERS		if applicable. (NOT	E: Registere	ed Agent			hea reinstating)	DATE			
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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, with all other like empowered.

SIGNATURE:

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90037 043 \*\*\*150.00