

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90040 039 \*\*\*158.75

**DOCUMENT # F96000002414**

1. Corporation Name  
**CLEARWATER RESOURCES, INC.**



Principal Place of Business

1831 N BELCHER RD  
STE D-1  
CLEARWATER FL 33765  
US

Mailing Address

155 STATE STREET  
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 C/O Medical Resources, Inc.  
125 State Street

27 Suite, Apt. #, etc.

27 Suite 200 - Legal Dept.

28 City & State

28 Hackensack, New Jersey

29 Zip

29 07601

30 Country

30 USA

4. FEI Number

59-3378553

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax.

Yes

☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, G H	
STREET ADDRESS	155 STATE ST.	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	WHYNOT, G A	
STREET ADDRESS	155 STATE STREET	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Duane C. Montopoli	
1.3 STREET ADDRESS	125 State Street - Suite 200	
1.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael J. Drumgoole	
2.3 STREET ADDRESS	125 State Street - Suite 200	
2.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christopher J. Joyce	
3.3 STREET ADDRESS	125 State Street - Suite 200	
3.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Geoffrey A. Whynot	
4.3 STREET ADDRESS	125 State Street - Suite 200	
4.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Drumgoole, President

4-27-99 (201) 488-6230

Date

Signature Phone #

CR2E034 (11/98)