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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F97000006915 (9)

CLINFORCE, INC.

Principal Place of Business	

302 E. MILLSAP ROAD FAYETTEVILLE AK 72703

Mailing Address

302 E. MILLSAP ROAD FAYETTEVILLE AK 7270

FILED May 07 1998 8:00am Secretary of State



FAYETTEVILLE AK 72703		FAYETTEVILLE AK 72703		DO NOT WRIT	F IN THIS S	PACE					
						3. Date Incorporated or Qualified					٦
						12/30/1997					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		$\top L$	Ap	plied For	_
21 26						71-0802094			No	t Applicable	_
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				Additional quired	
City & State		City & State			6. Election Campaign Financing		\$5	.00	May Be	7	
23		28				Trust Fund Contribution		o Fees	╛		
Zip	Country	Zip	Country			8. This corporation owes or has p	_	_ ′	_		
24	25 9. Name and Address of Current	Registered Agent	[30]			Personal Property Tax due Jun 10. Name and Address of New R		Yes		No	\dashv
C.	T CORPORATION SYSTEM			81	Name	70, 110110 4110 11000 01 1100 11	ogiotorou r	Bour			1
	00 80 UTH PINE ISLAND ROAD			_	<u> </u>	(60.6					4
	ANTATION FL 33324		Į	82	Street Ad	ddress (P.O. Box Number is Not Accepta	ıble)				
				83							
				84	City		FL		Zip C		1
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute	os, the ab	ove	named co	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of	changi	ing its	registered	1
4.5	m familia with and accept the obligat	ions of, Section 607.0505, Flo	orida Stati	utes	i,	,,	.po oppo			09.0.0.0.	
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered	l Ager	nt signature rec	quired when reinstating)	DATE		_		١,
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI				3 IN 12]
TITLE	CEOP	☐ DELETE	1.1 TIT	LE				Chai	nge	☐ Addition	15
NAME	BREWER, CLETE T		1.2 NA	ME							la
STREET ADDRESS	302 E. MILLSAP ROAD		1.3 ST	AEET A	ADDRESS						ն
CITY-ST-ZIP	FAYETTEVILLE AK 72703	Direc	1.4 CITY		I - ZIP					T	ؤ
TITLE	EVSD	☐ DELETE	2.1 TITL				l	Char	nge	☐ Addition	1
NAME	BELLORA, TERRY C	2.2 N		_							
STREET ADDRESS	\$02 E. MILLSAP ROAD				ADDRESS						
CITY-ST-ZIP TITLE	FAYETTEVILLE AK 72703 EVAS	DELETE	2. 4 CI	_	1-ZIP			Char	000	Addition	4
NAME	JANES, ROBERT H III	otter	3.1 NA				,		iye	Audition	
STREET ADDRESS	302 E. MILLSAP ROAD				ADDRESS						ı
CITY-ST-ZIP	FAYETTEVILLE AK 72703		3.4. Ci								
TITLE	EVAS	DELETE	4.1 TIT		1.71			Char	nae	Addition	┨
NAME	ALLISON, GORDON Y		4. 2 NA						-		1
STREET ADDRESS	302 E. MILLSAP ROAD				ADDRESS						
CITY-ST-ZIP	FAYETTEVILLE AK 72703		4.4 C/T								
TITLE		DELETE	5.1 1					Char	nge	Addition	1
NAME			5.2	ME					-		1
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				Y - ST							
TITLE		☐ DELETE	6.1 1 (Char	nge	Addition	1
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 STF	REET A	ADDRESS						1
CITY-ST-ZIP			6.4 CIT	Y-ST	(-zip						
44 1 1 1 1 1 1 1									$\overline{}$		

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 this 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.