

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G36023 (1)**
1. Corporation Name

CLIPPER CONSULTING CORPORATION



Principal Place of Business: 1551 SOUTH OCEAN LANE STE. 173 FT. LAUDERDALE FL 33316
Mailing Address: 610 FIFTH AVENUE, STE. 420 NEW YORK NY 10020

3. Date Incorporated or Qualified 04/27/1983	3a. Date of Last Report 04/11/1985
4. FEI Number 58-1517752	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD, #250
PLANTATION FL 33324-4459

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinscaling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODRICH, JOHN K	1.2 NAME	Judne Kane
STREET ADDRESS	610 5TH AVE., STE. 420	1.3 STREET ADDRESS	610 Fifth Ave., Suite 420
CITY - ST - ZIP	NEW YORK NY 10020	1.4 CITY - ST - ZIP	New York, New York 10020
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, HENRY W	2.2 NAME	
STREET ADDRESS	610 5TH AVE., STE. 420	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10020	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATZINOFF, ELI G	3.2 NAME	Chatzinoff, Eli G
STREET ADDRESS	122 E. 42ND ST., STE. 800	3.3 STREET ADDRESS	420 Lexington Ave., Suite 335
CITY - ST - ZIP	NEW YORK NY 10168	3.4 CITY - ST - ZIP	New York, New York 10170
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADY, JOHN L	4.2 NAME	
STREET ADDRESS	46 SUMMIT AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRONXVILLE NY 10708	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIQUEZ, CHARLES J	5.2 NAME	
STREET ADDRESS	45 BROADWAY, 27TH FLOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10006	5.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAZO, MILINDA M	6.2 NAME	Controler Suazo, Milinda M
STREET ADDRESS	610 FIFTH AVE., STE. 420	6.3 STREET ADDRESS	610 Fifth Ave., Suite 420
CITY - ST - ZIP	NEW YORK NY 10020	6.4 CITY - ST - ZIP	N.Y., N.Y. 10020

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Milinda M. Suazo, Milinda M. Suazo 4/26/96 (212) 307-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)