

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90011 026 ***158.75

DOCUMENT # **G36023** ✓

1. Corporation Name

CLIPPER CONSULTING CORPORATION

Principal Place of Business

551 SOUTH OCEAN LANE
TE. 173
T. LAUDERDALE FL 33316

Mailing Address

C/O MILINDA SUAZO
ONE ROCKEFLLER PLZ
NY NY 10020
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1983

4. FEI Number

58-1517752

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.



Yes ☒ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I. 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.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	DPC	<input type="checkbox"/> DELETE
AE	GOODRICH, JOHN K	
EET ADDRESS	ONE ROCKYELLER PLAZA, SUITE 2420	
Y-ST-ZIP	NEW YORK NY	
E	D	<input type="checkbox"/> DELETE
AE	GRADY, HENRY W	
EET ADDRESS	ONE ROCKYELLER PLAZA, SUITE 2420	
Y-ST-ZIP	NEW YORK NY	
E	D	<input type="checkbox"/> DELETE
AE	CHATZINOFF, ELI G	
EET ADDRESS	420 LEXINGTON AVE., SUITE 335	
Y-ST-ZIP	NEW YORK NY	
E	S	<input type="checkbox"/> DELETE
E	KANE, JOANNE	
EET ADDRESS	ONE ROCKYELLER PLAZA, SUITE 2420	
Y-ST-ZIP	NEW YORK NY	
E	D	<input type="checkbox"/> DELETE
E	RODRIGUEZ, CHARLES J	
EET ADDRESS	38-12 213TH ST	
Y-ST-ZIP	BAYSIDE NY 11361	
E	T	<input type="checkbox"/> DELETE
E	SUAZO, MILINDA M	
EET ADDRESS	ONE ROCKYELLER PLAZA, SUITE 2420	
Y-ST-ZIP	NEW YORK NY	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John K. Grady	
1.3 STREET ADDRESS	46 Summit Ave.	
1.4 CITY-ST-ZIP	Bronxville NY 10708	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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.

GNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/99 (212) 218-4922

CR2E034 (5/99)

0000249

Clipper Consulting Corporation

1551 S. OCEAN LANE, SUITE 173
FT. LAUDERDALE, FL 33316

TEL: (954) 523-7757

G36023
587248-90011-26

July 2, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclose please find the Corporation Annual Report for Clipper Consulting Corporation and a fee of \$150.00 plus \$8.75 for Certificate of Status.

We did not receive the 1999 Profit Corporation Annual Report Packet until July 1, 1999. Therefore, we should not be subject to the penalty due to non-receipt of the Packet. Our mailing address is:

Clipper Consulting Corporation
C/o Milinda Suazo, Treasurer
One Rockefeller Plaza
Suite 2420
New York, New York 10020

Should you have additional question, please contact me at (212) 218-4922.

Sincerely,



Milinda M. Suazo
Treasurer

Enclosures