

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:16

DOCUMENT # G43860 (7)
1. Corporation Name
CLIFTON CONSOLIDATED CORPORATION OF FLORIDA

Principal Place of Business
2340 WHITFIELD PARK AVE. #B
SARASOTA FL 34243

Mailing Address
2340 WHITFIELD PARK AVE
SARASOTA FL 34243
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
3. Date Incorporated or Qualified 06/15/1983		3a. Date of Last Report 02/11/1994	
4. FEI Number 59-2296861		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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent
KLEIN, MARGARET E.
4813 PALM AIRE DR.
SARASOTA FL 34243

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 final approver)

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, EDWIN	1.2 NAME	
STREET ADDRESS	4813 PALM AIRE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	VAS	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, MARGARET	2.2 NAME	
STREET ADDRESS	4813 PALM AIRE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	DRAGE, JOANN	3.2 NAME	
STREET ADDRESS	2421 E JEFFERSON ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, as hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in Block 14 or Block 15 if changed, or on an attachment with an address.

SIGNATURE:

Margaret E. Klein, J.P.
SIGNATURE (TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)
MARGARET R. KLEIN

2/7/95

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