

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G69111** (4)

1. Corporation Name

**CLIFFORD H. BALL CONSULTANT, INCORPORATED**



Principal Place of Business

Mailing Address

**CLIFFORD H. BALL CONSULTANT, INCORPORATED**  
**700 N.E. 90TH STREET**  
**MIAMI FL 33138-3206**

**CLIFFORD H. BALL CONSULTANT, INCORPORATED**  
**700 N.E. 90TH STREET**  
**MIAMI FL 33138-3206**

3. Date Incorporated or Qualified **09/29/1983** 3a. Date of Last Report **03/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTROCK, GARY D.**  
**2701 S. BAY SHORE DRIVE**  
**MIAMI FL 33133**

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 type for printed name of registered agent and firm, if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **DPS**  
1.2 NAME **BALL, FREDERICK W.**  
1.3 STREET ADDRESS **20750 SANDY LANE**  
1.4 CITY-ST-ZIP **ESTERO FL**

☒ DELETE

2.1 TITLE ☐ DELETE

2.2 NAME ☐ DELETE

2.3 STREET ADDRESS ☐ DELETE

2.4 CITY-ST-ZIP ☐ DELETE

2.5 TITLE ☐ DELETE

2.6 NAME ☐ DELETE

2.7 STREET ADDRESS ☐ DELETE

2.8 CITY-ST-ZIP ☐ DELETE

2.9 TITLE ☐ DELETE

2.10 NAME ☐ DELETE

2.11 STREET ADDRESS ☐ DELETE

2.12 CITY-ST-ZIP ☐ DELETE

2.13 TITLE ☐ DELETE

2.14 NAME ☐ DELETE

2.15 STREET ADDRESS ☐ DELETE

2.16 CITY-ST-ZIP ☐ DELETE

2.17 TITLE ☐ DELETE

2.18 NAME ☐ DELETE

2.19 STREET ADDRESS ☐ DELETE

2.20 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPS** ☒ Change ☐ Addition

1.2 NAME **BALL, FREDERICK W.**

1.3 STREET ADDRESS **1300 RADCLIFFE ROAD**

1.4 CITY-ST-ZIP **ORLANDO, FL 32804** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 TITLE ☐ Change ☐ Addition

2.6 NAME ☐ Change ☐ Addition

2.7 STREET ADDRESS ☐ Change ☐ Addition

2.8 CITY-ST-ZIP ☐ Change ☐ Addition

2.9 TITLE ☐ Change ☐ Addition

2.10 NAME ☐ Change ☐ Addition

2.11 STREET ADDRESS ☐ Change ☐ Addition

2.12 CITY-ST-ZIP ☐ Change ☐ Addition

2.13 TITLE ☐ Change ☐ Addition

2.14 NAME ☐ Change ☐ Addition

2.15 STREET ADDRESS ☐ Change ☐ Addition

2.16 CITY-ST-ZIP ☐ Change ☐ Addition

2.17 TITLE ☐ Change ☐ Addition

2.18 NAME ☐ Change ☐ Addition

2.19 STREET ADDRESS ☐ Change ☐ Addition

2.20 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Frederick W. Ball*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 14 1996* (407) 843-7197  
422-2743  
Date Daytime Phone #

CR2E034 (12/95)