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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G69111

CLIFFORD H. BALL CONSULTANT. INCORPORATED

Principal Place of Business Mailing Address CLIFFORD H BALL CONSULTANT. 1300 RADCLYFFE RD INCORPORATED ORLANDO FL 32804 700 N.E. 90TH STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33138-3206 3. Date Incorporated or Qualified 09/29/1983 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For 59-2328386 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζφ Country 8. This corporation owes or has paid the current year Intangible Zip Country Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent SWITTER CAPTAZANA, 81 carra cana Rene 2701 S. BAY SHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **MAMI FL 33133** 83 84 City Zip Code 85 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 a decept the obligations of, Section 607.0505, Florida Statutes. mary SIGNATURE (NOTE: Registered Agent signature required when reinstating) ind title if applicable ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition DPS ☐ DELETE TITLE 1.1 TITLE BALL, FREDERICK W. 1.2 NAME NAME 1300 RADCLYFFE RAOD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1.70116 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE JC 4/18 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP **70000248387** Change -04/03/98--01008--011 DELETE 6.1 TITLE TITLE NAME 6.2 NAME ***150.00 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 tame accurate in the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my tame accurate an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

FILED

Apr 08 1998 8:00am

Secretary of State