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 APR -4 AM 10:28

DOCUMENT # **G80269** **(5)**

1. Corporation Name
CLOTILDE, INC.

Principal Place of Business	Mailing Address
1909 SW FIRST AVENUE FT. LAUDERDALE FL 33315 US	2601 E OAKLAND PARK BLVD., #400 FT. LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1984
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21: 4301 N. FEDERAL HWY
22 Suite, Apt. #, etc.: SUITE 200
23 City & State: FORT LAUDERDALE FL
24 Zip: 33308-5104
25 Country: BROWARD

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2368276 ☐ 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

NILES, DONALD R., ESQUIRE
2601 EAST OAKLAND PARK BLVD. #400
FORT LAUDERDALE FL 33306

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	LAMPE, DONALD E.	12 NAME		
STREET ADDRESS	1909 SW FIRST AVE.	13 STREET ADDRESS	4301 N. FEDERAL HWY SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	33308	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	LAMPE, CLOTILDE R.	22 NAME		
STREET ADDRESS	1909 SW FIRST AVE.	23 STREET ADDRESS	4301 N. FEDERAL HWY SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	33308	
TITLE	SAT	31 TITLE		☒ Change ☐ Addition
NAME	LAMAN, NANCY C.	32 NAME		
STREET ADDRESS	1909 SW FIRST AVENUE	33 STREET ADDRESS	4301 N. FEDERAL HWY SUITE 400	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	33308	
TITLE	VAS	41 TITLE		☒ Change ☐ Addition
NAME	HAMEL, SANDRA	42 NAME		
STREET ADDRESS	1909 SW FIRST AVE.	43 STREET ADDRESS	4301 N. FEDERAL HWY SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	33308	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	SCHMIDT, ERIC J	
STREET ADDRESS		53 STREET ADDRESS	4301 N. FEDERAL HWY SUITE 200	
CITY-ST-ZIP		54 CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 above, or on an attachment with an address.

SIGNATURE: Donald E Lampe DONALD E LAMPE 1-12-95 305-493-9152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0313370 CP