

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 # **G80269** (5)

1. Corporation Name

CLOTILDE, INC.

Principal Place of Business

**4301 N. FEDERAL HWY
SUITE 200
FORT LAUDERDALE FL 33308-5209
US**

Mailing Address

**2601 E OAKLAND PARK BLVD., #400
FT. LAUDERDALE FL 33306**



3. Date Incorporated or Qualified

01/25/1984

3a. Date of Last Report

04/04/1995

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

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

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of person providing name of registered agent (if applicable)

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 PD ☐ DELETE

11 TITLE ☐ Change ☐ Addition

102 LAMPE, DONALD E.
4301 N. FEDERAL HWY SUITE 200
FT. LAUDERDALE FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

103 VD ☐ DELETE

21 TITLE ☐ Change ☐ Addition

104 LAMPE, CLOTILDE R.
4301 N. FEDERAL HWY SUITE 200
FT. LAUDERDALE FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

105 SAT ☐ DELETE

31 TITLE ☐ Change ☐ Addition

106 LAMAN, NANCY C.
4301 N. FEDERAL HWY SUITE 200
FT. LAUDERDALE FL

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

107 VAS ☒ DELETE

41 TITLE ☐ Change ☐ Addition

108 HAMEL, SANDRA
4301 N. FEDERAL HWY SUITE 200
FT. LAUDERDALE FL

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

109 V ☒ DELETE

51 TITLE ☐ Change ☐ Addition

110 SCHMIDT, ERIC J.
4301 N. FEDERAL HWY SUITE 200
FT. LAUDERDALE FL

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

111 ☐ DELETE

61 TITLE ☐ Change ☐ Addition

112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130

62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

954-491-2889

Daytime Phone

CR2E034 (12/95)