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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
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 33308-5208
US

Mailing Address

2601 E OAKLAND PARK BLVD., #400
FT. LAUDERDALE FL 33306-1612

3. Date Incorporated or Qualified
01/25/1984

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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 33308

10. Name and Address of New Registered Agent

81 Name
Lampe, Donald E.
82 Street Address (P.O. Box Number is Not Acceptable)
4301 N Federal Highway Suite 200
83 Ft. Lauderdale, FL 33308
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

Donald E. Lampe
typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LAMPE, DONALD E.
STREET ADDRESS 4301 N. FEDERAL HWY SUITE 200
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE VD
NAME LAMPE, CLOTILDE R.
STREET ADDRESS 4301 N. FEDERAL HWY SUITE 200
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE SAT
NAME LAMAN, NANCY C.
STREET ADDRESS 4301 N. FEDERAL HWY SUITE 200
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice-President
1.2 NAME Phillips, Robert W.
1.3 STREET ADDRESS 4301 N Federal Highway Suite 200
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

600002065576
-01/23/97--01010--011

***330.00

1/23

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE:

Donald E. Lampe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date

954-491-2889

Daytime Phone

CR2E034 (9/96)