

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

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Jun 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G83191 (8)  
1. Corporation Name  
CLIFF & DEE ENTERPRISES, INC.



Principal Place of Business: 5102 S.W. 131ST. AVENUE MIAMI FL 33175  
Mailing Address: 5102 S.W. 131ST. AVENUE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1984	
21		26		4. FEI Number 59-2379298	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLLAND, WILLIAM A. 27825 SW 164 COURT HOMESTEAD FL 33031				10. Name and Address of New Registered Agent	
				81 Name	Mrs. Debra Barber
				82 Street Address (P.O. Box Number is Not Acceptable)	848 S.E. Sharon St.
				83	Hobe Sound, FL
				84 City	FL
				85 Zip Code	33485

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: *Debra Barber* 5-26-98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, LOUISE PARCELL	1.2 NAME	Secretary, treasurer
STREET ADDRESS	5102 S.W. 131ST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, CLIFFORD W.	2.2 NAME	
STREET ADDRESS	5102 SW 131 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Louise P. Andrew* April 29, 1998 385-4265

CR2E034 (10/97)