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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 FEB -3 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # **G89726** **(5)**

1. Corporation Name
CLEAR FILE, INC.

Principal Place of Business	Mailing Address
7549 BROKERAGE DR ORLANDO FL 32859-0433 US	PO BOX 590433 ORLANDO FL 32859-3433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/12/1984**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-2400202** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHARMA, SARDARI L.
6124 DONEGAL DRIVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 200003421272--0
-02/04/98--01062--002
*****08.75 *****08.75

84 City **FL** 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST SHARMA, SARDARI L. 6124 DONEGAL DRIVE ORLANDO FL 32819 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIP ☒ Change ☐ Addition 200003421272--0 -02/04/98--01062--003 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/T/S ☐ Change ☒ Addition SHARMA, MAUREEN 6124 DONEGAL DR. ORLANDO, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V ☐ Change ☒ Addition SHARMA, ASHEEM 2245 JESSICA LANE KISSIMMEE FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V ☐ Change ☒ Addition SHARMA-SERROS, NINA 13522 HERON CAY CT. ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V ☐ Change ☒ Addition SHARMA, SATISH 2433 RAVEN CROFT CT. ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 2/3/98

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 added by an attachment with an address.

NINA SERROS V.P. 1/30/98