

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90038 009 ***158.75

DOCUMENT # **G89726**

1. Corporation Name
CLEAR FILE, INC.



Principal Place of Business

7549 BROKERAGE DR
ORLANDO FL 32859-0433
US

Mailing Address

PO BOX 593433
ORLANDO FL 32859-3433
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1984

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1936 PREMIER ROW**

Suite, Apt. #, etc.

22 City & State

23 **ORLANDO, FL**

24 Zip **32809** 25 Country **USA**

2a. Mailing Address

26 **1936 PREMIER ROW**

Suite, Apt. #, etc.

27 City & State

28 **ORLANDO, FL**

29 Zip **32809** 30 Country **USA**

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

WARREN MC MILLLEN, JR.

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

225 S. S. WOODRE AVE. STE 105

83

84 City

MAITLAND

FL

85 Zip Code

32751-5786

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]**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/5/99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **SHARMA, SARDARI L**
STREET ADDRESS **6124 DONEGAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DTS** ☐ DELETE
NAME **SHARMA, MAUREEN**
STREET ADDRESS **6124 DONEGAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **V** ☐ DELETE
NAME **SHARMA-SERROS, NINA**
STREET ADDRESS **13522 HERON CAY CT.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **T/S** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **ASHEEM SHARMA**
4.3 STREET ADDRESS **2245 JESSICA LANE**
4.4 CITY-ST-ZIP **KISSIMMEE, FL 34744**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SATISH SHARMA**
5.3 STREET ADDRESS **2433 RAVENCROFT CT.**
5.4 CITY-ST-ZIP **ORLANDO, FL 32837**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99

433

407-851-5966

CR2E034 (11/98)