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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H04143

(4)

CLEMENTS ENTERPRISES, INC.



Principal Place of									
Principal Place of Business Mailing Address 1249 WEEPING WILLOW LANE					:				
1249 WEEPING WILLOW DIVE					•				
ROCKLEDGE FL 32955			10011250			3. Date Incorporated or Qualified 05/18/1984	3a. Date of Last Report 01/27/1995		
			Mailing Address			4. FEI Number	-1 · -	Ap	oplied For
. Principal Place	of Business	2a. 26	P O. F	3nv 5	61207	59-2410997		<u> ↓</u>	ot Applicable
L			Suite, Apt. #, etc		<u> </u>	5. Certificate of Status Desired	\$		Additional
" Suite, Apt. #. (]	BIC.	27							equired
City & State		 	City & State		F /	6. Election Campaign Financing		- -	May Be to Fees
Oity a Giate		28	Rocki	edge		Trust Fund Contribution			
Zip	Country		Z19220C1	├	Beel.	This corporation has liability for Florida Statutes	intangibie tax di i ∐No	IUGI 3 1	130.002,
4	25	29	26726	30]	DKEY.	10. Name and Address of New F		ent	
	9. Name and Address of Curr	rent Regis	tered Agent		81 Name	10. 110			
					1 - 1	The Allert Accounts	hia)		
CLEMEN	TS, PENNY G.				82 Street Add	Iress (P.O. Box Number is Not Acceptat	Oie)		
	EPING WILLOW LANE				83				
ROCKLE	DGE FL 32955				L.L			85 Zip	Code
					84 City		FL!		
			7.600 51-14-0	t-Litos the	abova named corro	oration submits this statement for the pu ard of directors. I hereby accept the app	urpose of chang	ing its re	egistered offi
11. Pursuant to	the provisions of Sections 607.05	502 and 60 Iorida Suci)7,1508 - Florida S h-change was aut	thorized by t	he corporation's boa	ard of directors. Thereby accept the app	pointment as res	gistered	agent. Lanii
or registere familiar with	and accept the obligations of S	ection 607	.0505, Florida Sta	lutes	GAIL	ration submits this statement for the plant of directors. I hereby accept the app	- 4-	17	96
SIGNATURE 🗜	Person A Chi	MOU.	D F	e_{NN}	teral Agent super no requi	Corporation (Constant (Constant Constant Constan	OATE		
SIGNATORIE 3	ligration typest or post or activities of registers. Lit	rpeta di delle	OLODO	INDIE BU	13.	ADDITIONS/CHANGES TO OF	FICERS AND D	RECTO	RS IN 12
12.	PSTD OFFICERS	AND DIREC	DELETE		1 1 TIFLE			Change	Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in State and that the same legal effect as if made under certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this signature shall have the same legal effect as if made under certify that the information indicated on this filing is voluntarily furnished and does not qualify the same legal effect as if made under certify that the information indicated on this filing is voluntarily furnished and does not qualify that the information indicated on this filing is voluntarily furnished and does not qualify that the information indicated on this filing is voluntarily furnished and does not qualify that the information indicated on this filing is voluntarily furnished and does not qualify that the information indicated on this filing is voluntarily furnished and does not qualify that the information indicated on this filing is voluntarily furnished and does not qualify that the information indicated on the information indicated and the information indicated and the information indicated and the information indicated and indicated

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