

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H27875 (4)
 1. Corporation Name
CLARK, CHARLTON, MARTINO & BORDERS, P.A.



Principal Place of Business C/O ANTHONY T. MARTINO 1715 NORTH WESTSHORE BLVD. SUITE #700 TAMPA FL 33607	Mailing Address C/O ANTHONY T. MARTINO 1715 NORTH WESTSHORE BLVD. SUITE #700 TAMPA FL 33607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3407 W Kennedy Blvd Suite, Apt. #, etc. 22 City & State 23 Tampa FL Zip Country 24 33609-2905 Hillsborough		2a. Mailing Address 26 3407 W Kennedy Blvd Suite, Apt. #, etc. 27 City & State 28 Tampa FL Zip Country 29 33609-2905 Hillsborough		3. Date Incorporated or Qualified 10/30/1984	4. FEI Number 59-2464459 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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 MARTINO, ANTHONY T. 1715 NORTH WESTSHORE BLVD SUITE #700 TAMPA FL 33607				10. Name and Address of New Registered Agent 81 Name Martino, Anthony T. 82 Street Address (P.O. Box Number is Not Acceptable) 3407 W Kennedy Blvd 83 84 City Tampa FL 85 Zip Code 33609-2905	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JAMES W.	1.2 NAME	
STREET ADDRESS	1715 N. WESTSHORE BLVD #700	1.3 STREET ADDRESS	3407 W Kennedy Blvd
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33609-2905
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLTON, SCOTT	2.2 NAME	
STREET ADDRESS	1715 N. WESTSHORE BLVD #700	2.3 STREET ADDRESS	3407 W Kennedy Blvd
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33609-2905
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINO, ANTHONY T.	3.2 NAME	
STREET ADDRESS	1715 N. WESTSHORE BLVD #700	3.3 STREET ADDRESS	3407 W Kennedy Blvd
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33609-2905
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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.

CR2E034 (10/97)