## 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

DOCUMENT #

H64949

CLIFFORD RUSSELL MANAGEMENT COMPANY

Principal Place of Business Mailing Address % CLIFFORD RUSSELL % CLIFFORD RUSSELL 1500 SAN REMO, SUITE 201 1500 SAN REMO. SUITE 201 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33146** CORAL GABLES FL 33146 3. Date Incorporated or Qualified 07/02/1985 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2555264 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Žip Country Country This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUSSELL, CLIFFORD 1500 SAN REMO 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 CORAL GABLES FL 33146 84 City 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** Signature, typed or prioted name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE RUSSELL, CLIFFORD NAME 1.2 NAME CRZE034 1500 SAN REMO, #201 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RUSSELL, CLIFFORD P. NAME 2.2 NAME 1500 SAN REMO #201 STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CiTY-ST-ZIP 2.4 CITY-ST-ZIP รา DELETE Change Addition TITLE 3.1 TITLE RODMAN, EULA LEE NAME 3.2 NAME 1500 SAN REMO AVE #201 STREET ADDRESS 3.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change Addition TITLE 41 TITLE NAME 4, 2 NAME STREET AODRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 supplied 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 truetee 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 on any system of the corporation of

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 30 1998 8:00am

Secretary of State