

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

DOCUMENT # H70649

1. Corporation Name

CLEARY ENTERPRISES, INC.

Principal Place of Business

710 W. ELKCAM CR., PH1
MARCO ISLAND FL 33937

Mailing Address

710 W. ELKCAM CR., PH1
MARCO ISLAND FL 33937

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

CLEARY, DANA T.
710 W. ELKCAM CR., PH1
MARCO ISLAND FL 33937

81 Name

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

83

84 City

FL 85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, WESLEY D.		1.2 NAME	
STREET ADDRESS	710 W ELKCAM CIR, PH-1		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	
ST	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, DANA T.		2.2 NAME	
STREET ADDRESS	710 W ELKCAM CIR, PH-1		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP	
VP	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, CATHERINE A		3.2 NAME	
STREET ADDRESS	710 W ELKCAM CIRCLE PH-1		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL		3.4. CITY-ST-ZIP	
		<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	
		<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	
		<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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90094 038 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1985

4. FEI Number

59-2569172

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Trust Fund Contribution Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (11/98)