

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J11980 (6)**

1. Corporation Name  
**CHIP CLARK COMMERCIAL REAL ESTATE, INC.**



Principal Place of Business: **1802 YORKSHIRE DR  
~~205 W FAIRBANKS AVE SUITE B~~  
WINTER PARK FL 32792  
US**

Mailing Address: **1802 YORKSHIRE DR  
~~205 W FAIRBANKS AVE SUITE B~~  
WINTER PARK FL 32792  
US**

3. Date Incorporated or Qualified: **04/28/1986**      3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-2667760**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **1802 Yorkshire Dr**      2a. Mailing Address: **1802 Yorkshire Dr**

21. Suite, Apt. #, etc.: **Winter Park FL**      26. Suite, Apt. #, etc.: **Winter Park FL**

22. City & State: **32792 US**      27. City & State: **Winter Park FL**

23. Zip: **32792**      Country: **US**      28. Zip: **32792**      Country: **US**

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**CLARK, CHIP C  
131C  
SUITE B  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81. Name: **Chip Clark**

82. Street Address (P.O. Box Number is Not Applicable): **1802 Yorkshire Dr**

83. **Winter Park**

84. City: **FL**      85. Zip Code: **32792**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature typed or printed name of registered agent and the filing agent.      2007 Registered Agent's signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CLARK, CHIP C	
STREET ADDRESS	1802 YORKSHIRE DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/19/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (12/95)