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

May 27 1998 8:00am **PROFIT** FLOHIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # CLEARWATER, FL., L.T., INC. Principal Place of Business Mailing Address 6 BRIGHTON RD. 6 BRIGHTON RD. P.O. BOX 5108 P.O. BOX 5108 DO NOT WRITE IN THIS SPACE CLIFTON NJ 07015 CLIFTON NJ 07015 3. Date Incorporated or Qualified 06/02/1986 4. I El Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 22-2737295 Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing **1rust Fund Contribution** Added to Fees 23 28 Ζiρ Country ZwCountry 8. This corporation owes or has paid the current year Intangible ☐ No 29 30 Personal Property Tax due June 30 Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. STATES CORPORATION 00 1201 HAYS STREET 82 SUITE 105 63 TALLAHASSEE FL 32301 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 Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) (10/97 OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELE 1E Change Addition TITLE 1.1 TITLE NORMAN, AXELROD 1.2 NAME CR2E034 NAME **6 BRIGHTON ROAD** STREET ADDRESS 1.3 STREET ADDRESS **CLIFTON NJ** 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE GILES, WILLIAM NAME 2.2 NAME 6 BRIGHTON RD. 2.3 STREET ADDRESS STREET ADDRESS **CLIFTON NJ** 2 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE TOMASZEWSKI, JIM 3.2 NAME NAME **6 BRIGHTON RD** STREET ADDRESS 3.3 STREET ADDRESS **CLIFTON NJ** CITY-\$T-ZIP 3.4. C/TY - ST - 7/P Change DELETE Addition TITLE 41 HILE NAME DICK, DAVID 4. 2 NAME **6 BRIGHTON RD.** STREET ADDRESS 4.3 STREET ADDRESS **CLIFTON NJ** CITY-ST-ZIP 4.4 C(TY - ST - 7)P DELETE Addition TITLE 5.1 HILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition | 61 IIILF TITLE 6000002538396 NAME 6.2 NAME -05/28/98--01019--012 \*\*\*150.00 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules I further certify that the information of the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statules, and that my name appears in

ith an address

Block 12 or Block 13 if changed, or

FILED