## 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

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90172 006 \*\*\*150.00

## DOCUMENT # J17168

1. Corporation Name

CLEARWATER, FL., L.T., INC.

Principal Place of Business Mailing Address								)	Ett Dien	*****		
ATTN: MICHELLE SIMONETTI 6 BRIGHTON ROAD CLIFTON NJ 07015		6 B	ATTN: MICHELLE SIMONETTI 6 BRIGHTON ROAD CLIFTON NJ 07015					DO NOT WRITE IN THIS	SPAC	E		
CENTON NO ON	013	OCII	1011 12 01010				3.	Date incorporated or Qualifed 06/02/1986			-	
2. Principal Place of Business			2a. Mailing Address				4.	. FEI Number	L	Арр	lied For	
21			26					22-2737295			Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired					
22		27					4					
City & State			City & State				6.	Election Campaign Financing			May Be	
23			Zip Country				Trust Fund Contribution Added to Fees					
Zip	— — — — — — — — — — — — — — — — — — —			_	Country			8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curr	29		30			10	Name and Address of New Registered			<b>T</b>	
	5. Name and Address of Curr	ant Ivedio	tered Agent	8.	1	Name						
UNIT	ED STATES CORPORATION C	0.		8:	1							
1201 HAYS STREET						Street Addre	fress (P.O. Box Number is Not Acceptable)					
SUIT	E 105			8:	3							
TALL	AHASSEE FL 32301				$\downarrow$				12-1			
					84 City				85 Zip Code			
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	e of Florid	a. Such change was au	uthorized b	v ti	named corpo he corporatio	oratio n's b	on submits this statement for the purpose of loard of directors. I hereby accept the appoil	changi ntment	ing its i as reg	registered istered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title i	applicable. (NOTE:	Registered Ag	ent :	signature required	d when	reinstating) DATE				
12.	OFFICERS A	ND DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	PD		☐ DELETE	1.1 TITLE					□ Ct	nange	☐ Addition	
NAME	NORMAN, AXELROD			1.2 NAME								
STREET ADDRESS	6 BRIGHTON ROAD		1.3 S			1.3 STREET ADDRESS						
CITY-ST-ZIP	CLIFTON NJ			1.4 CITY-		-ZiP					□ Addision	
TITLE				2.1 TITLE	2.1 TITLE				□ Cr	nange	☐ Addition	
NAME				2.2 NAME	2.2 NAME							
STREET ADDRESS				2.3 STRE	2.3 STREET ADDRESS							
CITY-ST-ZIP -				2.4 CITY-ST-ZIP						Addition		
TITLE	\$ DELETE		3.1 TITLE					□ Cł	lange	Addition		
NAME	DICK, DAVID			3.2 NAME								
STREET ADDRESS			3.3 STRE	3.3 STREET ADDRESS								
CITY-ST-ZIP				3.4. CITY-ST-ZIP					hange	Addition		
TITLÉ				4.1 TITLE					iange			
NAME				4. 2 NAMI	Ε							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				4.4 CITY-		·ZIP				hange	Addition	
TITLE			☐ OELETE	5.1 TITLE		}				ina iyo		
NAME				5.2 NAME		ADDRESS						
STREET ADDRESS												
CITY-ST-ZIP			☐ DELETE	5.4 CITY- 6.1 TITLE		· ZIF			רחת	hange	Addition	
TITLE			☐ AETEIE	6.2 NAME					_ 5			
NAME				O.Z INVINC	-							

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRIVITED MADE OF SIGNING OFFICER OR DIRECT

Dick 4/19/196 (975)7

9153178-15C

R2E034 (11/98)