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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

i	AL REPORT Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUI 1. Corporation	MENT # J3749	3 (0)		
CLEMMER PROPERTIES, INC.				
Principal Place of Business Mailing Address				- I IOERIAG GIAG KINI JOBIL DADIA TOKAG TINI DIGIK DIGIK GIGIL DIGIK BIBIK GIRAL TODI
1911 BAYWOO 1911 BAYWOO SARASOTA FI	DD DR	1911 BAYWOOD DR. 1911 BAYWOOD DR SARASOTA FL 34242		DO NOT WRITE IN THIS SPACE
l US		US		3. Date Incorporated or Qualified 10/08/1986
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5 Certificate of Status Desired Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
ZIP 34	231 Country	29 34231 36	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
CLEMMER, LISA D.			81 Name	
1911 BAYWOOD DR. SARASOTA FL 34242				ress (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.				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SUM D: //23/98				
12.		agent and tale if applicable (NOTE A NND DIRECTORS	egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS OFFICIAL X	DELETE	1.1 TITLE	Change Addition
NAME	CLEMMER, LISA D		1.2 NAME	
STREET ADDRESS CITY-ST-ZIP	1911 BAYWOOD DR. SARASOTA FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ARASOTA FL 34231
TITLE	T	DELETE	2.1 TITLE	Change Addition
NAME	CLEMMER, LISA D		2.2 NAME	
STREET ADDRESS CITY-S1-ZIP	1911 BAYWOOD DR. SARASOTA FL		2.3 STREET ADDRESS S.4 CITY-ST-ZIP	ARASOTA FL 34231
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS CITY-ST-2IP		1	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS	l		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 THLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	54 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		_ -	6.2 NAME	
STREET ADDRESS		,	6.3 STREET ADDRESS	

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 em 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 changing, or on an attachment with an address.

Feb 13 1998 8:00am