

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J96204** (9)

1. Corporation Name
CLEARY ASSOCIATES, INC.

Principal Place of Business Mailing Address
**4300 SO. US HWY 1
STE 203-314
JUPITER FL 33477
US** **4300 SO. US HWY 1
STE 203-314
JUPITER FL 33477
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	Surfs, Apt. #, etc.	
22		27	
City & State		City & State	
23	28	Zip	
Country		Country	
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/07/1987	05/01/1994
4. FEI Number	Applied For
65-0006393	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOODINE, LAURA
179 N. JOG RD
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VENUTI, JOHN A
STREET ADDRESS	300 PARLANE FARMS ROAD, #K
CITY, ST, ZIP	WEST PALM BEACH, FL
TITLE	DS
NAME	GOODINE, LAURA A
STREET ADDRESS	300 PARLANE FARMS ROAD, #K
CITY, ST, ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	179 N. Jog Road
1.4	CITY, ST, ZIP	West Palm Beach, FL 33413
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	179 N. Jog Road
2.4	CITY, ST, ZIP	West Palm Beach, FL 33413
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY, ST, ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY, ST, ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY, ST, ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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.

SIGNATURE: *Laura Goodine* *John A. Venuti* **Laura Goodine, Secretary** **John A. Venuti, President** 4/18/95 (407) 689-1566