

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J96204** (9)

1. Corporation Name
CLEARY ASSOCIATES, INC.



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

3. Date incorporated For or After: **10/07/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0008393** Applied For: Not Applicable
5. Corporate of States 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
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **GOODINE, LAURA 179 N. JOG RD WEST PALM BEACH FL 33413**
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.08(2) and 607.1506, 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 607.08(2), Florida Statutes.

SIGNATURE: _____
12. OFFICERS AND DIRECTORS: [] DELETED
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92: [] Change [] Addition

TITLE	PD	[] DELETED	1. TITLE	[] Change	[] Addition
NAME	VENUTI, JOHN A		1. NAME		
STREET ADDRESS	179 N. JOG ROAD		1.3 STREET ADDRESS		
CITY, ST, ZIP	WEST PALM BEACH FL		1.4 CITY, ST, ZIP		
TITLE	DS	[] DELETED	2. TITLE	[] Change	[] Addition
NAME	GOODINE, LAURA A		2. NAME		
STREET ADDRESS	179 N JOG ROAD		2.3 STREET ADDRESS		
CITY, ST, ZIP	WEST PALM BEACH FL		2.4 CITY, ST, ZIP		
TITLE		[] DELETED	3. TITLE	[] Change	[] Addition
NAME			3. NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY, ST, ZIP			3.4 CITY, ST, ZIP		
TITLE		[] DELETED	4. TITLE	[] Change	[] Addition
NAME			4. NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST, ZIP			4.4 CITY, ST, ZIP		
TITLE		[] DELETED	5. TITLE	[] Change	[] Addition
NAME			5. NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST, ZIP			5.4 CITY, ST, ZIP		
TITLE		[] DELETED	6. TITLE	[] Change	[] Addition
NAME			6. NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST, ZIP			6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is true and correct, and does not qualify for the exemption set forth in Section 199.07(3)(g), Florida Statutes. I further certify that the information included 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 trust, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Laura Goodine* LAURA Goodine 4/26/96 407-689-1566

CR2E034 (12/95)