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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J96204   (9)

1. Corporation Name

CLEARY ASSOCIATES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1987

4. FEI Number **65-0008393** — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 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 *Laura DeMillo* Laura DeMillo *Secretary* 4/22/98

12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	VENUTI, JOHN A		1.2 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	☐ DELETE	2.1 TITLE		☒ Change	☐ Addition
NAME	GOODINE, LAURA A		2.2 NAME	DEMILLO, LAURA A		
STREET ADDRESS	179 N JOG ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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.

SIGNATURE: *Laura DeMillo* Laura DeMillo 4/22/98 561-689-1516