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

PROFIT CORPOFATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(7)

CLATIC	ama HTON ISLAND COMPANY,	INC.							ıı Biğir Bibir ibbi	
OLAUG	HITOH IOPUID COMI MILLS	. 111 0 -								
rincipal Place of	Business	Mailing Address				(190(B))) BU 179) & 11801 1614B 18	1)1 4 4 4 4		1	
C/O EDWARD N. CLAUGHTON C/O EDWARD N. CLAU										
777 BRICKEL MIAMI FL 331		MIAMI FL 33131	777 BRICKELL AVE. 1130 Miami Fl 33131			3. Date incorporated or Qualified	3a. Date	3a. Date of Last Report		
	, •					01/26/1988		04/07/19) 95	
Principal Place	e o' Business	2a. Mailing Address				4. FEt Number			pplied For	
26					65-0025953			Not Applicable Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required				
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be				
,		28			Trust Fund Contribution	Added to Fees				
Zip	Country	Zip	├ ─¬	untry		8. This corporation has liability for Florida Statutes Yes	intangibie t . □ No	ax under s	199.002,	
	9. Name and Address of Current	29 Registered Agent	30	1		10. Name and Address of New I	Registered	Agent		
	g, Italie and Address of Content			81	Name					
CLAUGHTON, EDWARD N.				82	Street Ad	ess (P.O. Box Number is Not Acceptable)				
	ICKELL AVE. SUITE 1130				33					
47TH FLOOR MIAMI FL 33131-2352				84	City			85 Zı	ρ Code	
				Į.	,		<u> </u>	<u>-</u>	- vistand offic	
1. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the ab	COLD	named corp oration's bo	oration submits this statement for the pupard of directors. I hereby accept the app	rpose of cr xxintment a	s registered	i agent. I am	
or registered familiar with	n, and accept the obligations of, Section	on 607.0505, Florida Statutes								
GNATURE		nod tilla di appresible (NC	TE: Beoister	ed Age	nt signature roip	ired when reinstating:	DATE			
2. s	Signa ure, typed or printed name of registered agent OFFICERS AND	Bild die i Boy-loade	13	<u>_</u>		ADDITIONS/CHANGES TO OF	FICERS AN			
ILF	DP	☐ DELETE	1.2 N					☐ Change	☐ Addition	
AME	CLAUGHTON, EDWARD N.									
TREET ADORESS	777 BRICKELL AVE				T ADDRESS ST-ZIP					
ITY-ST-ZIP	MIAMI FL DS	☐ DELETE						☐ Change	Addition	
TLE AMÉ	CLAUGHTON, LOIS H.		22	2 2 NAME						
TREET ADORESS	777 BRICKELL AVE		23	STREE	TACIDRESS					
ITY - ST - 7JP	MIAMI FL			24 CITY-ST-ZIP				Change	☐ Addition	
I1LF	DSV			3. 1 TITLE 3.2 NAME					_	
IAME .	SCHMIDT, SUZANNE C. 777 BRICKELL AVE				ET ADDRESS					
THEET ADDRESS					ST-ZIP					
	I MIAMI FI							Change	Addition	
CHY-ST-ZIP	MIAMI FL.	DELETE	4	1 TITLE	:					
CITY-ST-ZIP	DVT SCHMIDT, ROBERT	DELETE	4.2	2 NAME						
DITY-ST-ZIP TITLE NAME	DVT SCHMIDT, ROBERT 777 BRICKELL AVE	DELETE	4.2	NAME STRE	ET ADDRESS					
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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 lead as a finite order, 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 charteed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR