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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Mar 23 1998 8:00am Secretary of State

CLUE	B AT HAWK'S CAY, INC.							
Principal Place of Business Mailing Address								alon flon lost
% DONALD H. JOHNSON % DONALD H. JOHNSON 150 E. SAMPLE ROAD. SUITE 200 150 E. SAMPLE ROAD. SU POMPANO BEACH FL 33064 POMPANO BEACH FL 3306			SUITE 20	DO NOT WRITE IN T			IIS SPACE	
						09/23/1988		
2. Principal F	cipal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21	26					65-0103718	١	Vot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	try		8. This corporation owes or has paid the cu		
24	25	29 30				Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
JOHNSON, DONALD H.				Name]
150 E. SAMPLE ROAD				Street	Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 200				33				
POMPANO BEACH FL 33064				13				
				4 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		_						
			13.	agent signature	e required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DC IN 40
TITLE			1,1 TITE	Ē	1	ADDITIONS/OFFICERS AND	Change	
NAME	JOHNSON, DONALD H.	_	1.2 NAM					
STREET ADDRESS	150 E. SAMPLE RD., #200)		EET ADDRESS				
City-St-ZiP	POMPANO BEACH FL		1.4 CIT	·ST-ZIP				
TITLE		DELETE	2.1 TITL				Change	Addition
NAME			2.2 NAA	IE				
STREET ADDRESS			2.3 STR	EET ADDRESS				
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP				
TITLE		DELETE	3.1 TITL	E			Change	Addition
NAME			3.2 NAN	E				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP				
TITLE		☐ DELETE	4.1 TiTL				Change	☐ Addition
NAME			4. 2 NA					
STREET ADDRESS			4.3 STR	ET ADDRESS				
CITY - ST - ZIP				-ST-ZIP	ļ			
TITLE		☐ DELETE	5.1 TITL				Change	Addition
NAME			5.2 NAN	_				
STREET ADDRESS			5.3 STR	ET ADDRESS	1			

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 cooler 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.

6.1 TITLE

6.2 NAME

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

DELETE

954-785-4588

☐ Change

Addition