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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90171 038 ***150.00

DOCUMENT # L66928

CLARK & CO. REAL ESTATE INC.

Principal Place of Business Mailing Address						
		CLARK & CO REAL E	STATE			-
CLARK & CO REAL ESTATE CLARK & CO REAL ESTATE 12206 N 53RD STREET 12206 N 53RD STREET						
TAMPA FL 33	617	TAMPA FL 33617				DO NOT WRITE IN THIS SPACE
บร		US				3. Date Incorporated or Qualifed
						04/18/1990
2. Principal	2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21			26			59-3012580 Not Applicable
Suite, Apt	t. #, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22	<u> </u>	27				
City & Sta	ate	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		antry	,	8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25 29		30	30		Torschart Toparty Tax.
 	9. Name and Address of Cu	irrent Registered Agent		81	M	10. Name and Address of New Registered Agent
CL/	NOV ELICENIA			81	Name	
CLARK, EUGENIA 12206 NORTH 53RD STREET				82	Street A	Address (P.O. Box Number is Not Acceptable)
	TE B				 -	
TAN	MPA FL 33617				L	
				84	City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registere		(NOTE: Registered	Ager	nt signature rec	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		S AND DIRECTORS		m ¢		Change Addition
TITLE	DPT SHOENIA	C Detai	1			· · · · · · · · · · · · · · · · · · ·
NAME	CLARK, EUGENIA		1.2 N			
STREET ADDRES					TADDRESS	
CITY-ST-ZIP	TAMPA FL				T-ZIP	Change Addition
TITLE		☐ DELET			j	Change Addition
NAME			2.2 N	AME		
STREET ADDRESS	s		2.3 \$	TREE	T ADDRESS	
CITY-ST-ZIP				TY-S	ST-ZIP	
TITLE		☐ DELET	ΓE 3.1 T	ITLE	ļ	Change Addition
NAME			3.2 N	AME		
STREET ADDRES	s		3.3 S	TREE	TADDRESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	
TITLE		☐ DELET	TE 4,1 T	TLE	1	☐ Change ☐ Addition
NAME			4. 2 N	IAME		
STREET ADDRES	s		4.3 S	TREE	TADDRESS	
CITY-ST-ZIP			4.4 C	ITY-\$	T-ZIP	
TITLE		☐ DELET	TE 5.1 T	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRES	s		5.3 S	TREE	T ADDRESS	
CITY-ST-ZIP]		54 C	my-s	iT-ZIP	
TITLE	<u> </u>	□ DELET	rF 6.1 T	TLE		Change Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

985 4414 (813)

CR2E034 (11/98)

Change