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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

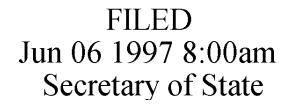
DOCUMENT # L79104

CLEARCO, INC.

(0)

Principal Place of Business

Mailing Address





5842 SW S9TH STREET MIAMI FL 33143		5842 SW 59TH STREET Miami FL 33143-2325					
					3. Date Incorporated or Qualified 06/06/1990	3a. Date of Last 05/20/1996	Report
2. Principal P	lace of Business	2a. Mailing Address	26. Mailing Address		4. FEI Number		Applied For
21		26			26-6706878		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75	Additional
22		27		9. Certificate of Status Desired	Fee	Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28	,		Trust Fund Contribution	☐ Adde	d to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No			
		nt Registereo Agent	81	Name	10. Name and Address of New Rej	Argreten waeur	
	ARE, CHARLES		"				
	2 SW 59 ST.		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
MIAI	VII FL 33134		83				
			. 63				
	•		84	City		FL 85 Zi	p Code
44 6	407.05	00 CO7 1000 F(as the obs	L named ook	poration submits this statement for the p		r its registered
office or r	egistered agent or both, in the State	a of Florida. Such change was a	authorizēd b	v the cornora	polation submits this statement for the patients board of directors. I hereby accep	t the appointment	as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statute	S.			
SIGNATURE		aloi	E Charleton of An		ired when reinstating)	DATE	
12.	Signature, typod or printed name of registered agent and title if applicable (NOTE Ricgisters OFFICERS AND DIRECTORS 13.			ant signature requ	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	DPST	DELETE	1.1 10LE		7.0011101107017411010110101110	☐ Chang	
NAME	CLEARE, CHARLES	_ ,	1.2 NAME				
STREET ADDRESS	5842 S.W. 59TH STREET			I ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-				
TITLE	8	DELETE	2 1 BTLE	01 611		☐ Chang	e 🔲 Addition
NAME	ISAAC, BEATRICE	-	2.2 NAME				
STREET ADDRESS	1425 NW 125 ST.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167		2. 4 CITY-	1			
TITLE	V	DELETE	3.1 TITLE			Charig	e Addition
NAME	CLEARE, JAMES		3.2 NAME				
STREET ADDRESS	5842 SW 59 ST.		3.3 S1REE	1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		3.4. CITY-	ST-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE			Chang	e Addition
NAME	CLEARE, KAREN E		4. 2 NAME	:			
STREET ADDRESS	5842 SW 59TH STREET		4.3 STREE	1 ADDRESS ·			
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Chang	je 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE	T ADDRESS			
CITY-ST-ZIP		·	54 CITY-	ST-ZIP		,,,,	
TITLE		DELETE	61 TITLE			☐ Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-	S1 - 7IP			
					THE RESERVE AND DESCRIPTION OF THE PERSON OF		

aton supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fill report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that appearation or the resolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information indicated on this annual lam an officer or director of the law. appears in Block 12 or Blo