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 # L80185

(6)

CLATO, INC.

624 LANGHOLM DR WINTER PARK FL 32789

Principal Place of Business

Mailing Address

624 LANGHOLM DR WINTER PARK FL 32789-5220

FILED May 13 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 06/12/1990	ied 3a. Date of Last Report 05/01/1996		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied		
21		26			59-3012828	Not Appl	
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition		
City & Stat 23	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May E Added to Fee	
Zip 24	Country 25	Z _I p	Country 30	y	8. This corporation has liability for Elorida Statutes	intangible tax under s. 199.0] Yes □ No	032,
	9. Name and Address of Curren	Registered Agent	1		10. Name and Address of New Re	gistered Agent	
ROB	ERTSON, CLARA A.		81	Name			
	LANGHOLM DR		82 Street Addre		dress (P.O. Box Number is Not Acceptable)		
	TER PARK FL 32789						
			83				
			84	City		FL 85 Zip Code	
agent. I a	to the provisions of Sections 607 0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Horida. Such change was a	authorized b	v the core	corporation submits this statement for the population's board of directors. I hereby acception	urance of changing its regis	istered tered
SIGNATURE	Signature, typod or printed name of registered ager	t and title if approable (NOT	L: Registered Ag	ent signature	required when reinstating!	DATE	
12.	OFFICERS AND	******	13.		ADDITIONS/CHANGES TO OFFIC		12
TITLE	PD	☐ DELETE	1.1 1/11/0			☐ Change ☐ #	Addilion
NAME	ROBERTSON, CLARA A		1.2 NAME				
STREET ADDRESS	624 LANGHOLM DR		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY -	\$1 · ZIP			
TITLE	V D	DELETE	2.1 TITLE			Change A	Addition
NAME	Robertson, Thomas M III		2 2 NAME				
STREET ADDRESS	624 LANGHOLM DR		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY -	51-7IP			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ A	Addilion
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY - ST - ZIP			3.4. CITY -	\$1 - 7IP			
TALE		☐ DELETE	4.1 TITLE			Change A	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY - 3	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change A	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 3	S1 - ZIP			
TITLE		DETETE	6.1 TITLE			Change A	Addition
NAME			5.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CHY-	ST-7HP			
	ov partify that the inferentian cumpling	with this filling door not qualit			tated in Section 119 07/3/(i) Florida Statute	e. I further earlify that the	

In the first of the internation supplied with inis fining does not guarantee exhibition stated in section 1 1907(3)(i), ribidal statutes. Fromer 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 eath; 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 chapters, or on an attachment with an address.

CICNATURE.

3-28-97 (402) 644-0275