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

officer or director of the corpor Block 12 or Block 13 if change

or on an attachmen

Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # CLEWIS APARTMENTS, INC. Principal Place of Business Mailing Address 2307-9 CLEWIS COURT C/O BRUCE MCLEAN 114 W 76 STREET, APT. #BR TAMPA FL 33629 DO NOT WRITE IN THIS SPACE UŜ NEW YORK FL 10023 3. Date incorporated or Qualified 07/16/1990 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 59-3013288 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANFORD, R. BLAIN P.A. 14502 N DALE MABRY HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 302 83 **TAMPA FL 33618** 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typical or printed have clothings terest agent and life at appt, able (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Channe TITLE 1.1 TITLE MCLEAN, BRUCE R 1.2 NAME NAME CR2E034 114 W 76TH ST #BR 1.3 STREET ADDRESS STREET ADDRESS NY NY 10023 CITY-S1-ZIP 1.4 CITY - \$1 - 2IP DELETE Change __ Addition TITLE 2.1 TITLE DE VILLAHERMOSA, WILLIAM MARCA 2.2 NAME NAME 114 W 76TH ST #BR STREET ADDRESS 23 STREET ADDRESS **NEW YORK NY 10013** CITY-ST-ZIP 2.4 CITY - \$1 - 7IP DELETE Change Addition 3.1.1mLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4 CITY-ST-ZIP Change TITLE DELETE 4.1 TO LE Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-\$1-7IP DELETE Change __ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CHY-ST-7IP DITY-ST-ZIP 14. Thereby 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 is applicated 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 control of the receiver or trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in

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