

-FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT**

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 10 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 96289

1. Corporation Name

SAINT CLAIR INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**6901 Yumuri Street
Coral Gables, Florida 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

Aug 29, 1990

2. Principal Place of Business

2a. Mailing Address

6901 Yumuri Steeet

26

4. FBI Number

Applied For

65-0216495

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Coral Gables, Fla.

27

City & State

City & State

23 33146

28

Zip

Country

Zip

Country

24 33146

25 Dade

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Michael E. St.Clair
6901 Yumuri Steeet
Coral Gables, Florida 33146**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Michael E. St.Clair
STREET ADDRESS	8520 S.W. 143 Street
CITY - ST - ZIP	Miami, Fla. 33158
TITLE	Vice President
NAME	Shirley H. St.Clair
STREET ADDRESS	2512 N. Greenway Drive
CITY - ST - ZIP	Coral Gables, Florida 33134
TITLE	Secretary/Treasurer
NAME	Sharon S. Pollock
STREET ADDRESS	10705 S.W. 134 Court
CITY - ST - ZIP	Miami, Florida 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	300001452343
1.4 CITY - ST - ZIP	-04/10/95--01036--016
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	****215.00
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. ST. CLAIR

4/4/95

305 661-0078