

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L97423** (2)

1. Corporation Name
JAMES T. CLAIR, INC.



Principal Place of Business: **241 S.W. 159 WAY SUNRISE FL 33326**
Mailing Address: **241 S.W. 159 WAY SUNRISE FL 33326**

2. Principal Place of Business: 21 State Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated For Qualified: **08/23/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0218372**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**
7. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
8. **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
**CLAIR, MURIEL K.
241 S.W. 159 WAY
SUNRISE FL 33326**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Section 607.0702 and 607.0703, Florida Statutes, I, the above named corporation, certify this statement for the purpose of changing its registered office or registered agent to be filed in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0706, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
 1. TITLE: **DP** [] DELETE
 2. NAME: **CLAIR, JAMES T.**
 3. STREET ADDRESS: **241 S.W. 159 WAY**
 4. CITY-ST- ZIP: **SUNRISE FL**
 5. TITLE: **DST** [] DELETE
 6. NAME: **CLAIR, MURIEL K**
 7. STREET ADDRESS: **241 S.W. 159 WAY**
 8. CITY-ST- ZIP: **SUNRISE FL**
 9. TITLE: [] DELETE
 10. NAME: [] DELETE
 11. STREET ADDRESS: [] DELETE
 12. CITY-ST- ZIP: [] DELETE
 13. NAME: [] DELETE
 14. STREET ADDRESS: [] DELETE
 15. CITY-ST- ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. TITLE: [] Change [] Addition
 2. NAME: [] Change [] Addition
 3. STREET ADDRESS: [] Change [] Addition
 4. CITY-ST- ZIP: [] Change [] Addition
 5. TITLE: [] Change [] Addition
 6. NAME: [] Change [] Addition
 7. STREET ADDRESS: [] Change [] Addition
 8. CITY-ST- ZIP: [] Change [] Addition
 9. TITLE: [] Change [] Addition
 10. NAME: [] Change [] Addition
 11. STREET ADDRESS: [] Change [] Addition
 12. CITY-ST- ZIP: [] Change [] Addition
 13. NAME: [] Change [] Addition
 14. STREET ADDRESS: [] Change [] Addition
 15. CITY-ST- ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is of my own free will and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this form is in good faith and is true and correct 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 registered agent or trustee of the corporation. To execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if completed, or in Block 14 if not completed.

SIGNATURE: *Muriel K. Clair* **MURIEL K. CLAIR** 4/26/96 954-389-1717
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)