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Feb 25, 1999 8:00 am
Secretary of State

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U17330

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M31058

1. Corporation Name
 CLEM, INC.



Principal Place of Business
 C/O SIMON F. CLEMENS
 POST OFFICE BOX 1705
 HALLANDALE FL 33008-1705
 US

Mailing Address
 C/O SIMON F. CLEMENS
 POST OFFICE BOX 1705
 HALLANDALE FL 33008-1705
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1739-1819 N.W.-2ND

2a. Mailing Address
 26 CLEM, INC.
 P.O. Box 1705
 Hallandale, Fla. 33008-1705

22 AVENUE

27 Suite, Apt. #, etc.

23 BOCA RATON, FLA

28 City & State

24 33432

29 Zip Country USA

3. Date Incorporated or Qualified
 04/23/1986

4. FEI Number
 59-2663742

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CLEMENS, SIMON F
 3640 YACHT CLUB DR
 AVENTURA FL 33180

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CLEMENS, SIMON F
STREET ADDRESS	3640 YACHT CLUB DR
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSS, DIANA C
STREET ADDRESS	5200 N E 14TH WAY, UNIT 303
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	D <input type="checkbox"/> DELETE
NAME	CLEMENS, LOLA
STREET ADDRESS	3640 YACHT CLUB DR
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Simon F. Clemens* **JAN 4 1999** (305) 933-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)