


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

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Mar 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>M66777</b> (7)			
1. Corporation Name <b>CLEAR BROOK, INC.</b>			
Principal Place of Business <b>9330 ADAMO DRIVE</b> <del>ONE TAMPA CITY CENTER SUITE 2100</del> <b>TAMPA FL 33619</b> US		Mailing Address <b>P.O. BOX 1808</b> <del>ONE TAMPA CITY CENTER SUITE 2100</del> <b>TAMPA FL 33601-1808</b> US	
2. Principal Place of Business 21 <b>9330 Adamo Drive</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P. O. Box 1808</b> Suite, Apt. #, etc.	
22 City & State <b>Tampa, Florida</b>		27 City & State <b>Tampa, Florida</b>	
23 Zip <b>33619</b>	Country <b>Hillsborough</b>	29 Zip <b>33601</b>	Country <b>Hillsborough</b>
9. Name and Address of Current Registered Agent <b>BEVER, CHARLES C. JR.</b> <b>9330 ADAMO DR.</b> <b>TAMPA FL 33619</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE <b>DPST</b> <input type="checkbox"/> DELETE NAME <b>BEVER, CHARLES C., JR.</b> STREET ADDRESS <b>9330 ADAMO DR.</b> CITY - ST - ZIP <b>TAMPA FL</b>		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 do 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, shown on an attachment with an address.			
SIGNATURE: <i>Charles C. Bever Jr</i> <b>February 19, 1997</b> 621-6411			



CR2E034 (9/96)