

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004076 (2)**

1. Corporation Name

CLEAR GENESIS, INC.



Principal Place of Business	Mailing Address
1500 ATLANTIC BLVD., #308 KEY WEST FL 33040	1500 ATLANTIC BLVD., #308 KEY WEST FL 33040

2. Principal Place of Business 21 3514 SUNRISE DRIVE Suite, Apt. #, etc. 22 City & State 23 KEY WEST, FL Zip Country 24 33040 25 MONROE	2a. Mailing Address 26 3514 SUNRISE DRIVE Suite, Apt. #, etc. 27 City & State 28 KEY WEST, FL Zip Country 29 33040 30 MONROE
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3. Date Incorporated or Qualified 07/18/1997	
4. FEI Number 65-0777985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LINCOLN, JOHN T 1500 ATLANTIC BLVD., #308 KEY WEST FL 33040		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3514 SUNRISE DRIVE 83 84 City KEY WEST FL 85 Zip Code 33040	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, JOHN T	1.2 NAME	
STREET ADDRESS	1500 ATLANTIC BLVD., #308	1.3 STREET ADDRESS	3514 SUNRISE DRIVE
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFLER, MARTHA B	2.2 NAME	
STREET ADDRESS	1500 ATLANTIC BLVD., #308	2.3 STREET ADDRESS	3514 SUNRISE DRIVE
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, BRADLEY	3.2 NAME	
STREET ADDRESS	1500 ATLANTIC BLVD., #308	3.3 STREET ADDRESS	3514 SUNRISE DRIVE
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John T. Lincoln** **4/24/98** **(305) 293-0577**
PRESIDENT

CR2E037 (10/97)