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

Mailing Address

PROFIT CORPORATION ` ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P92000010462 (9)

CLARIDGE OF JUPITER ISLAND, INC.

12/09/1992 06/11	No
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0373928 Suito, Apt. #, etc 5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees tax under s. 199.032, No
Suite, Apt. #, etc. 27 City & State City & State City & State City & State 28 Zip Zip Zip Zip Zip Zip Zis Zip Zis	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees tax under s. 199.032, No
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City & State City & State City	Added to Fees tax under s. 199.032, No
Zip	tax under s. 199.032,] No
9. Name and Address of Current Registered Agent SIMPSON, MASON 38SADDLE BACK ROAD TEQUESTA FL 33469 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 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 office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of office or registered agent agen	No
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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 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 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; an appears in Block 12 or Block 13 if changed, op@n an attachment with an address.	

SIGNATURE:

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

16/97

561-745-4999

FILED

Feb 11 1997 8:00am

Secretary of State

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