

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

**FILED**

**Feb 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000004980 (7)**

1. Corporation Name  
**CLARENDON INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**1870 LONG POND DRIVE LONGWOOD FL 32779**      **1870 LONG POND DRIVE LONGWOOD FL 32779-7050**

3. Date Incorporated or Qualified **01/22/1993**      3a. Date of Last Report **10/28/1996**  
4. FEI Number **59-3185577**      Applied For  Not Applicable   
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 **698 Tuscora Drive**      26 **698 Tuscora Drive**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23 **Winter Springs, FL**      28 **Winter Springs, FL**  
Zip      Country      Zip      Country  
24 **32708**      25 **USA**      29 **32708**      30 **USA**

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**SYLVESTER, JACQUELYN**      81 Name **Jacquelyn Pitt (f/k/a Jacquelyn**  
**698 TUSCORA DR**      82 Street Address (P.O. Box Number is Not Acceptable) **Sylvester)**  
**WINTER SPRINGS FL 32708**      **698 Tuscora Drive**  
83  
84 City **Winter Springs**      FL      85 Zip Code **32708**

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 *Jacquelyn Pitt*      **Jacquelyn Pitt**      **1/29/97**  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/S/D/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SYLVESTER, JACQUELYN A</b>	1.2 NAME	<b>Pitt, Jacquelyn</b>
STREET ADDRESS	<b>698 TUSCORA DR</b>	1.3 STREET ADDRESS	<b>698 Tuscora Drive</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	1.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>
TITLE	<b>MD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP/D/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, DONALD</b>	2.2 NAME	<b>Pitt, Vernon</b>
STREET ADDRESS	<b>1870 LONG POND DRIVE</b>	2.3 STREET ADDRESS	<b>698 Tuscora Drive</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	2.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, MITZY-</b>	3.2 NAME	
STREET ADDRESS	<b>421 N.E. 14TH AVENUE, UNIT 702</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	3.4 CITY-ST-ZIP	
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 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, or on an attachment with an address.

SIGNATURE: *Jacquelyn Pitt*      **Jacquelyn Pitt**      **1/29/97**      **(407) 365-0862**  
Signature typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/96)