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Feb 11 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 # P93000009521 (4)

1. Corporation Name
CLC IND., INC.



Principal Place of Business: 7555 SAN MATEO DRIVE BOCA RATON FL 33433
Mailing Address: 7555 SAN MATEO DRIVE BOCA RATON FL 33433-4126

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0388036
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
COHEN, CAROL L
7555 SAN MATEO DRIVE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name: DAVID D. Cohen
82 Street Address (P.O. Box Number is Not Acceptable): 7555 SAN MATEO DR.
83
84 City: Boca Raton FL 85 Zip Code: 33433

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: *Carol L Cohen* DATE: 2/8/97

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: COHEN, CAROL L
STREET ADDRESS: 7555 SAN MATEO DRIVE
CITY-ST-ZIP: BOCA RATON FL 33433
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D
1.2 NAME: COHEN, DAVID D
1.3 STREET ADDRESS: 7555 SAN MATEO DRIVE
1.4 CITY-ST-ZIP: BOCA RATON FL 33433
[Change] [Addition]

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: *David D Cohen* DATE: 1/28/97 DAYTIME PHONE #: 561-3388652

CR2E034 (9/96)