FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 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 # **P93000033361 (5)**

1. Corporation Name
CASSANDRA M. CLARK, P.A.

Principal Place of Business	Mailing Address
2643 BARBARA DR FT LAUDERDALE FL	2643 BARBARA DR FT LAUDERDALE FL 33316-3233

2. Principal Place of Business 21 1301 -109 River Reach Dr. 22 Suite, Apt. #, etc. 23 City & State: FORT LAUDERDALE, FLA 24 Zip: 33315 25 Country: USA	2a. Mailing Address 26 1301 -109 RIVER REACH DR. 27 Suite, Apt. #, etc. 28 City & State: FORT LAUDERDALE, FLA 29 Zip: 33315 30 Country: USA

3. Date Incorporated or Qualified: 05/07/1993
3a. Date of Last Report: 07/22/1996
4. FEI Number: 65-0411645 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, CASSANDRA M ~~2643 BARBARA DR~~ ~~FT LAUDERDALE FL 33316-3233~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1301 - 109 RIVER REACH DRIVE 83 FORT LAUDERDALE, 84 City: FORT LAUDERDALE, FL 85 Zip Code: 33315

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: Cassandra M. Clark P.A. CASSANDRA M. CLARK P.A. 4-28-97
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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, CASSANDRA M	1.2 NAME	
STREET ADDRESS	1301-109 RIVER BEACH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Cassandra M. Clark P.A. CASSANDRA M. CLARK 4-28-97 (954) 472-3205