

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1301-109 RIVER REACH DR
FT LAUDERDALE FL 33315
US

Mailing Address

1301-109 RIVER REACH DR
FT LAUDERDALE FL 33315
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number

65-0411645

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 620 SE 9 STREET

Suite, Apt. #, etc.

22 FORT LAUDERDALE FL

City & State

23 33316 BROWARD

Zip

Country

24

25

2a. Mailing Address

26 620 S.E. 9 STREET

Suite, Apt. #, etc.

27 FORT LAUDERDALE FL

City & State

28 33316 BROWARD

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLARK, CASSANDRA M
1301-109 RIVER REACH DR
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name CLARK, CASSANDRA M.

82 Street Address (P.O. Box Number is Not Acceptable)

620 SE 9 STREET

83 FORT LAUDERDALE

84 City

FL

85

Zip Code

33316

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.

PRESIDENT

4-24-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS CLARK, CASSANDRA M
CITY-ST-ZIP 1301-109 RIVER BEACH DRIVE
FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME CLARK, CASSANDRA M
1.3 STREET ADDRESS 620 SE 9 STREET
1.4 CITY-ST-ZIP FORT LAUDERDALE, FLA 33316

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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.

4/28/98 1054 525-2888

CR2E034 (10/97)