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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] MAY -1 PM 3:47

[illegible]
[illegible] FLORIDA

DOCUMENT # P93000049129 (8)

1. Corporation Name
CLK OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
3134 LAKE WASHINGTON RD. MELBOURNE FL 32934	3134 LAKE WASHINGTON RD. MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1993**	3a. Date of Last Report: **06/28/1994**
4. FEI Number: **59-3193476**	[ ] 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, CAROLYN 7764 GREENBORO DR. #4 WEST MELBOURNE FL 32934	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 7665 GREENBORO DR 83 84 City: FL 85 Zip Code:

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, CAROLYN 7764 GREENBORO DR., #4 WEST MELBOURNE FL 32904	1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	[X] Change [ ] Addition 7665 GREENBORO DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, KENNETH 7764 GREENBORO DR., #4 WEST MELBOURNE FL 32904	2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	[X] Change [ ] Addition 7665 GREENBORO DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAHMEIER, LAUREN 3630 MIRIAM DR. TITUSVILLE FL 32796	3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: X Carolyn Clark — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 — Date
407.259.2422 — Daytime Phone #

0073846 CP