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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300057800 (3)

C L O RESOURCES, INC.

FILED
Apr 07 1998 8:00am
Secretary of State
_

O E O NESO	onoes, mo								
Principal Place of Business Mailing Address							1 LEBIFFORF FOR TOTAL TOTAL ORDIN CONTROL C		
93351 OVERSEAS HWY SUITE 2G TAVERNIER FL 33070			P. O. DRAWER 1407 SUITE 2G TAVERNIER FL 33070 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		ACE	
Principal Place of Bu		2. Mailing Address			 		Applied For		
		h	THE PROPERTY OF THE PROPERTY O				1 '	Not Applicable	
		27	Suite, Apt. #, otc				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	29	Zip	30	ountry			nt year Intangible Yes	
25 29 30 30									
					81	Name			
LUPINO, JAMES S 100380 OVERSEAS HWY KEY LARGO FL 33037					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
					83				
				* * *	84	City	F!	85 Zip Code	
	principal Place of Busin 93351 OVERSEAS HV SUITE 2G TAVERNIER FL 33070 Principal Place of Busin Suite, Apt #, etc. City & State Zip 9. Nat LUPINO, 1	\$3351 OVERSEAS HWY SUITE 2G TAVERNIER FL 33070 Principal Place of Business Suite, Apt #, etc. City & State Zip	Principal Place of Business M. 93351 OVERSEAS HWY SUITE 20 TAVERNIER FL 33070 Principal Place of Business 2a. 26 Suite, Apt #, etc. 27 City & State 28 Zip Counitry 25 9, Name and Address of Current Regis LUPINO, JAMES S 100360 OVERSEAS HWY	Principal Place of Business 93351 OVERSEAS HWY SUITE 2G TAVERNIER FL 33070 Principal Place of Business Principal Place of Business Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c	Principal Place of Business 93351 OVERSEAS HWY SUITE 26 TAVERNIER FL 33070 Principal Place of Business Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing	### Process of Business ### Process ### Pr	Mailing Address \$3351 OVERSEAS HWY \$UITE 2G TAVERNIER FL 33070 Principal Place of Business Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c	moipal Place of Business ### P. O. DRAWER 1407 ### SUITE 23 TAVERNIER FL 33070 Principal Place of Business 2a. Mailing Address Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add	

1. 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, lam familiar with and accept the obligations of Section 607 0505. Excide statutes

agent. I an	agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Styration, typed or product ownerst registered upon the of the got creating in the office of the got creating to the original of the											
12.	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DC	DELETE	1.1 TITLE	☐ Change ☐	Addition						
NAME	MOODY, C O		1.2 NAME								
STREET ADDRESS	131 SEASIDE AVENUE		1.3 STREET ADDRESS								
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY - ST- ZIP		1						
TITLE	DP	☐ DELETE	2.1 TITLE	Change	Addition						
NAME	MOODY, ISABELLE B		2 2 NAME								
STREET ADDRESS	131 SEASIDE AVENUE		2.3 STREET ADDRESS								
CITY+ST-ZIP	KEY LARGO FL		2. 4 CITY-ST-ZIP								
TITLE	DVP	DEFETE	3.1 TITLE	☐ Change ☐	Addition						
NAME	MOODY, THOMAS O	•	3.2 NAME								
STREET ADDRESS	11799 GRAY WAY		3.3 STREET ADDRESS								
CITY-ST-ZIP	WESTMINSTER CO		3.4. CITY-ST-ZIP								
TITLE	DST	DELETE	4.1 TITLE	Change L	Addition						
NAME	SHELDON, PAMELA		4. 2 NAME								
STREET ADDRESS	1050 CONKLIN ROAD		4.3 STREET ADDRESS								
CITY-ST-ZIP	JONESBOROUGH TN		4.4 CITY-ST-ZIP		1						
TITLE		☐ DELETE	5.1 TITLE	Change C	Addition						
NAME			5.2 NAME		1						
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>							
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐	Addition						
NAME			6.2 NAME		l						
STREET ADDRESS			6.3 STREET ADDRESS		Ì						

64 CITY-ST-ZIP

14. Thereby certify that the information supplied with thing 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 too 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 of you have employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an additable.

SIGNATURE:

3-31-98

305.852.9682.