

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000058558 (6)**

1. Corporation Name

CLARE AVENUE INVESTMENT CORP.

APPROVED
AND
FILED

95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1615 CLARE AVE.
WEST PALM BEACH FL 33405**

Mailing Address

**1615 CLARE AVE.
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 State App. No.

22 City & State

23 Zip Country

24 Country

25 Mailing Address

26 State App. No.

27 City & State

28 Zip Country

29 Country

3. Date Incorporated in Country
08/18/1993

3a. Date of Last Report
05/01/1994

4. FFI Number
NOT APPLICABLE

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

**MURPHY, M E
1615 CLARE AVE.
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.050, and 607.1508, Florida Statutes, the above named corporate entity, the 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

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY & STATE
ZIP
2. TITLE
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CITY & STATE
ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY & STATE
5. ZIP
6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY & STATE
10. ZIP
11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY & STATE
15. ZIP
16. TITLE ☐ Change ☐ Addition
17. NAME
18. STREET ADDRESS
19. CITY & STATE
20. ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
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25. ZIP
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43. STREET ADDRESS
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47. NAME
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91. TITLE ☐ Change ☐ Addition
92. NAME
93. STREET ADDRESS
94. CITY & STATE
95. ZIP
96. TITLE ☐ Change ☐ Addition
97. NAME
98. STREET ADDRESS
99. CITY & STATE
100. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related in Section 199.032, Florida Statutes. I further certify that the information was filed into the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. The undersigned officer or director of the corporation or the member of the partnership registered for renewal this report is required by Chapter 199, Florida Statutes, and that my name appears on the back of the report of the corporation or partnership with an address.

SIGNATURE:

M. E. Murphy, Martin E. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(407) 655-3634