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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400002422 (1)

CLEAR TECH, INC.

Principal Place of Business
Principal Place of Business 4310 3 AVENUE NORTH

Mailing Address

FILED Jan 24 1997 8:00am Secretary of State



4910 3 AVENUE ST. PETERSBUR		P.O. OX 10136 ST. PETERSBURG FL 33733 US		3. Date Incorporated or Qualified 01/11/1994	3a. Date of Last 03/18/1996	3a. Date of Last Report	
9 Dais Jacob D	lace of Business	2a. Mailing Address			4. FEI Number		Lantind Cor
21 KV/	a LEGARANCE	26. Walling Address			09-0543617		Applied For Not Applicable
Suite Ant	Suite, Apt. #, etc.			03 0040011	\$9.75	Additional	
22 7/20	* elsporter CE	27			5. Certificate of Status Desired		Required
Larva Stan	I	City & State			6. Election Campaign Financing	\$5.00	May Be
23 57. 1	Perendeny FL	28			Trust Fund Contribution	Added	d to Fees
Zip 24 <i>33</i> 7	107 25 LUSA	Zip 29	Countr 30	y	8. This corporation has liability for in Florida Statutes	ntangible tax under	в. 199.032,
24 ///	9. Name and Address of Currer		1301		10. Name and Address of New Reg		
KEVI	N LESPERANCE		81	Name		<u>: , , , , , , , , , , , , , , , , , , ,</u>	
	CENTRAL AVE		-				
	ETERSBURG FL 33707		62	Street Ad	dress (P.O. Box Number is Not Acceptab	e)	
•			83				
						10-1 72	
			84	City		FL 85 Zip	p Code
SIGNATURE	Signature, type of printed name of registered age	ent and the if applicable (No			orporation submits this statement for the p ration's board of directors. I hereby accept quired when reinstating)	DATE DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	DELETE	1.1 YITLE			L Change	Additio
NAME	LESPERANCE, KEVIN		1.2 NAME				
STREET ADDRESS	4310 3RD AVE. N.		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG FL		1.4 CITY-	ST-ZIP			ттаная:
TITLE	S TOPPOLINGE TON	DELETE	2.1 TITLE			Change	Additio
NAME	LESPERANCE, TOM		2.2 NAME				
STREET ADDRESS	7691 115TH ST N.			T ADDRESS			•
CHTY+ST+ZIP	SEMINOLE FL	DELETE	2. 4 CITY	ST-ZIP		Change	e Additio
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NAME PROFES ADDOMOG			3.2 NAME	T ADDRESS			
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NAME			4. 2 NAM				
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NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	T ADDRESS			
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TITLE		☐ DELETE	6.1 TITLE			5 thang	e 🔲 Additio
NAME			6.2 NAM		***165.00	ا اعن اعد	<i>→</i> 1.
STREET ADDRESS			63 STRE	ET AODRESS	***100.UU	1.	at
CiTY - ST - 7iP			6.4 CITY	ST-7IP		1	スト

14. Ido hereby certify that the information supplied with this filing does not gradify 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 pushed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: