

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000009267 (3)

1. Corporation Name

CLARK & ASSOCIATES LTD., INC.



Principal Place of Business

1855 SW 4TH AVENUE
SUITE B-9
DELRAY BEACH FL 33444-7937

Mailing Address

1855 SW 4TH AVENUE
SUITE B-9
DELRAY BEACH FL 33444-7937

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
01/27/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0464528

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

10. Name and Address of New Registered Agent

CLARK, KENNETH S
1855 SW 4TH AVENUE
SUITE B-9
DELRAY BEACH FL 33444-7937

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 607.0502 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

Kenneth S. Clark, Pres.

Kenneth S. CLARK, Pres.

4/20/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME CLARK, KENNETH S
STREET ADDRESS 2676 NE 5TH AVENUE
CITY-ST-ZIP BOCA RATON FL

TITLE DST ☐ DELETE
NAME CLARK, ANNE R
STREET ADDRESS 2676 NE 5TH AVENUE
CITY-ST-ZIP BOCA RATON FL

TITLE DV ☐ DELETE
NAME SPENCER, THOMAS L
STREET ADDRESS 279 SE 8TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ DELETE
NAME SUMMERS, LEE C
STREET ADDRESS 2300 GLADES ROAD, STE. 460 WEST
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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(3)(k), 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:

Kenneth S. Clark, Pres. Kenneth S. CLARK, Pres.

4/20/96 (407) 278-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)