

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

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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021399 (8)

1. Corporation Name  
**CLEARSHIELD MANUFACTURING CORP.**

Principal Place of Business <b>2001 A AUSTRALIAN AVENUE RIVIERA BEACH FL 33404</b>	Mailing Address <b>2001 A AUSTRALIAN AVENUE RIVIERA BEACH FL 33404-5323</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/17/1994</b>	3a. Date of Last Report <b>10/21/1996</b>
				4. FEI Number <b>65-0484289</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SULLIVAN, PATRICK 2001 A AUSTRALIAN AVENUE RIVIERA BEACH FL 33404</b>				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 607.0502 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, PATRICK		1.2 NAME		
STREET ADDRESS	2001 A AUSTRALIAN AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH. FL 33404		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSTRZECHA, GREGORY		2.2 NAME		
STREET ADDRESS	2001 A AUSTRALIAN AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH. FL 33404		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REILLY, JOHN R		3.2 NAME		
STREET ADDRESS	1033 S.E. HOLBROOK CT. UNIT 4		3.3 STREET ADDRESS	1019 S E Holbrook Court #4-C	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		3.4 CITY-ST-ZIP	34953	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERTER, GAREY		4.2 NAME		
STREET ADDRESS	2001 A AUSTRALIAN AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH. FL 33404		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	D Peterson, Darrell	
STREET ADDRESS			5.3 STREET ADDRESS	2001 A Australian Avenue	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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: Darrell Peterson 4/19/97 (561) 848-1616

CR2E034 (9/96)