

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

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000033309 (3)**

1. Corporation Name

CLEARSHIELD OF PALM BEACH COUNTY, INC.



Principal Place of Business 2001 A AUSTRALIAN AVENUE RIVIERA BEACH FL 33404	Mailing Address 2001 A AUSTRALIAN AVE RIVIERA BCH FL 33404 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4900 Dyre Blvd Suite, Apt. #, etc. 22 City & State 23 Deer Beach FL Zip 24 33407		2a. Mailing Address 26 4900 Dyre Blvd Suite, Apt. #, etc. 27 City & State 28 Deer Beach FL Zip 29 33407		3. Date Incorporated or Qualified 05/02/1994	
4. FEI Number 65-0496476		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SULLIVAN, PATRICK 2001 A AUSTRALIAN AVE RIVIERA BCH FL 33404		10. Name and Address of New Registered Agent 81 Name Patrick Sullivan 82 Street Address (P.O. Box Number is Not Acceptable) 4900 Dyre Blvd 83 Deer Beach FL 85 Zip Code 33407	
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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 for 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Patrick Sullivan* **Patrick Sullivan** **4/28/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SULLIVAN, PATRICK 2001 A AUSTRALIAN AVE RIVIERA BCH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	4900 Dyre Blvd Deer Beach FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DARRELL 201 A AUSTRALIAN AVE RIVIERA BCH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	4900 Dyre Blvd Deer Beach FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTRAZECHA, GREGORY 8771 SHADOW WOOD BLVD CORAL SPRINGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 any attachment with an address.

SIGNATURE *Patrick Sullivan* **Patrick Sullivan** **4/28/98** **561-848-166**

CFR2E034 (10/97)