ANNUAL 19	OFIT DRATION L REPORT		ORIDA DEPARTM Sandra B. I Secretary DIVISION OF CO	Mortham of State				
rporation in		004160	(0)					
arma o	ON CLEMATIS, INC.							
pal Place of	of Business	Mailing Ad	ddress				vanu 40111 69111 51 11	ns nagulg golden golde 1606 1606
Clematis s			216 CLEMATIS ST WEST PALM BEACH FL 33401			3. Date Incorporated or Qua		ate of Last Report
incipal Pinn	ce of Business	2a. Mailin	ng Address			05/27/1994 4. FEI Number 65-0405022		Applied For Not Applicable
		26	, Apt. #, etc			65-0495922 5. Certificate of Status Desir	ed \square	\$8.75 Additional
uite, Apt. #.	esc	27						Fee Required \$5.00 May Be
ity & State			& State			Election Campaign Finan- Trust Fund Contribution	LJ	Added to Fees
ıb	Country	Ζıp		Country	ý	This corporation has liable Florida Statutes	Yes	No
	9. Name and Address of Curr	rent Registered A	Agent	30	Name	10. Name and Address of N		
WES	ST PALM BEACH FL 33401			84			FI	L 85 Zip Code
Pursuant to office or re-	o the provisions of Sections 607.0 gistered agent, or both, in the Sta	0502 and 607.150 late of Florida Su	18, Florida Statut ch change was a	es, the above authorized by orida State	e-named corp y the corporat	poration submits this statement folion's board of directors. Thereby	or the purpose o / accept the app	I changing its registered pointment as registered
agent Lam	n familiar with, and accept the ob	bligations of, Section agent and other languages	tion 607.0505, Flo	orida Statute:	rs.	wed wise-re-osia; ng)	DATE	
office or rec agent I am	gistered agent, or don't he ob- familiar with, and accept the ob- signment by the profit framework puter of OFFICERS	bligations of, Secti	tion 607.0505, Flo	orida Statute:	S gent signature (etju		DATE	
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