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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044963 (4)

CLEAR-SITE, INC. Principal Place of Business Mailing Address 1881 NORTH FEDERAL HWY. SUITE 303 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-2827						
				3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 04/17/1996	
	lace of Business	2a. Mailing Address	11.4	4. FEI Number	Applied For	
21 /86/ Suite, Apt	N. FROERAL HWY	26 /86 / N, F, Suite, Apt. #, etc.	DERAL HWY.	65-0499737	Not Applicable \$8.75 Additional	
22 30	3	27 SUITE 30	3	5. Certificate of Status Desired	Fee Required	
City & State		City & State	. مسو	6. Election Campaign Financing	\$5.00 May Be	
23 HON	LYWOOD, F-Z	28 HOMYWOOZ	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees	
24 3300	20 25 BROWARD 9, Name and Address of Current		30 BROWARD		Yes No	
1 (124)		Registered Agent		10. Name and Address of New Re	alstered Agent	
AAAA CW AATU AAC				·		
SUITE 119			B2 Street Addr	et Address (P.O. Box Number is Not Acceptable)		
	1E FL 33314		83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named corp	oration submits this statement for the plants board of directors. I hereby accept		
office or n agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, F	authorized by the corporati lorida Statutes.	ion's board of directors. I hereby accep	it the appointment as registered	
SIGNATURE	Stycature: Typed or printed name of registered agen	and the discrete skills (BIO	TE Registered Agent signature require	i	DATE	
12.	OF FICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICE		
TILLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	MARTIN, CYNTHIA K 316 WALNUT ST.		1 2 NAME			
STREET ADDRESS	HOLLYWOOD FL 33019	*	1.3 STREET ADDRESS			
CHTY+ST-ZIP Tille	HOLLINGOD I L 00018	DELETE	1.4 CITY~ST-ZIP		Change Addition	
NAME			2.2 NAME		[
STREET ADURESS			2.3 STREET ADDRESS			
City - St - ZiP			2.4 CITY+ST-ZIP			
DILE		DELETE	3.1 TITLE		Change Addition	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
City - ST- 7IP	}		3.4. CITY-ST-ZIP			
7011		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY- ST-ZII:		DELETE	4.4 CATY - ST - ZIP 5.1 TATLE		☐ Change ☐ Addition	
NAME !		tand Descrit	5.2 NAME		المالان المالان المالان المالان المالان المالان	
STREET ADDRESS			5.3 STREET ADDRESS			
City - St - Zii:			5.4 CITY - ST - ZIP			
1/7LF		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			

64 City-St-ZiP

14. If do hereby certify that the information supplied with this filling 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 cerporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attackment with an address.

SIGNATURE:

MATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CRISCION

4-30-97

FILED

May 09 1997 8:00am

Secretary of State

Daytime Phone #