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

PROFIT CORPORATION ANNUAL REPORT



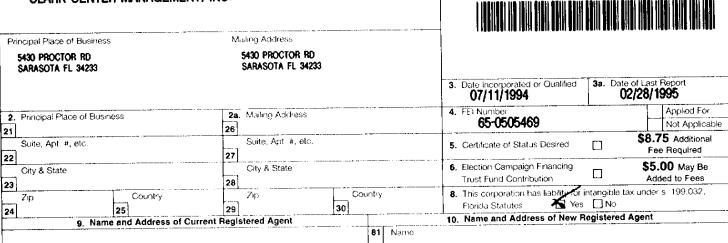
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000051189 (6)

DOCUMENT # 1. Corporation Name CLARK CENTER MANAGEMENT, INC.



STRODE, WILLIAM C 720 S ORANGE AVE SARASOTA FL 34236

82	Oli Oct Macroso	(P.O. Box Number is N			
83			 		
84			 	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.

SIGNATURE _	ignatine hypera or pointed native of regions. Lageritia of the	te trapperate (NO	TE: Rappdoren Agent sejnahara responso	Music Bare, dared, DMLF
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	PST	DELETE	1 1 10TUE	☐ Change ☐ Addition
NAME	ALBRITTON, JOHN M.		1.2 NAME	
STREET ADDRESS	9620 STATE ROAD 72		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP	
TITLE	VP	DELETE	2 1 THLE	Change Addition
NAME	ALBRITTON, JOHN B.		2.2 NAME	
STREET ADDRESS	9600 STATE ROAD 72		2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL		2.4 CITY - ST. ZIP	
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STHEET ADDRESS	
CITY-ST-ZIP			3 4 CITY - ST - ZIP	
TITLE		☐ DELETE	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4.C-TY - ST - Z:P	
TITLE		☐ DELETE	5 1 TITLE	Charge Addition
NAME			5.2 NAMC	
STREET ADDRESS			5 3 STHEET ADDRESS	
CITY-ST-ZIP			54 CITY - ST - ZIF	
TITLE		☐ DELETE	6 1 T:TLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
			6 4 CITY - ST - ZIF	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

certify that the information subject with 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 tachment with an address. appears in Block 12 o

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

April 22-1996 941-925-71-55