



3-24-97 B-3476-FC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000055693 (3)			
1. Corporation Name CLEAR INVESTMENTS, INC.			
Principal Place of Business 1645 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL 33401		Mailing Address 1645 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL 33401-2216	
2. Principal Place of Business 21 2401 PGA Blvd. Suite, Apt. #, etc. 22 Suite 272 City & State 23 Palm Beach Gardens, FL Zip 24 33410		2a. Mailing Address 26 2401 PGA Blvd. Suite, Apt. #, etc. 27 Suite 272 City & State 28 Palm Beach, Gardens Zip 29 33410 Country 30 USA	
3. Date Incorporated or Qualified 07/27/1994		3a. Date of Last Report 02/07/1996	
4. FEI Number 65-0519843		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SHAPIRO, ROBERT L 1645 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL 33401			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd., Suite 272 83 84 City Palm Beach Gardens, FL 85 Zip Code 33410			
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SHAPIRO, ROBERT L		
STREET ADDRESS	1645 PALM BEACH LAKES BLVD., STE. 600		
CITY- ST- ZIP	WEST PALM BEACH FL 33401		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS	2401 PGA Blvd., Suite 272		
1.4 CITY- ST- ZIP	Palm Beach Gardens, FL 33410		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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: 		Robert Lee Shapiro 3-13-97 561-691-0059	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)