

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061218 (1)

1. Corporation Name

CLARKESBURGE TRUST, INC.



Principal Place of Business

250 VALENCIA AVE
CORAL GABLES FL 33134

Mailing Address

250 VALENCIA AVE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
08/19/1994

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

4. FFI Number
APPLIED FOR 65-0594302

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GEORGE
250 VALENCIA AVE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of officer or director

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MILLER, GEORGE	
STREET ADDRESS	250 VALENCIA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	☐ DELETE
NAME	HENNESSY, DAVID C	
STREET ADDRESS	22481 PLEASANT PARK RD.	
CITY-ST-ZIP	CONIFER CO 80433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	Miller, George	
1.3 STREET ADDRESS	250 Valencia Avenue	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	☐ Change ☐ Addition
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/S	☐ Change ☒ Addition
3.2 NAME	Berkowitz, Joel	
3.3 STREET ADDRESS	2115 Knaab Drive	
3.4 CITY-ST-ZIP	Bozeman, MT 59715	☐ Change ☐ Addition
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Cooley, William O.	
4.3 STREET ADDRESS	10836 Pleasant Hill Drive	
4.4 CITY-ST-ZIP	Potomac, MD 20854	☐ Change ☒ Addition
5.1 TITLE	A	☐ Change ☒ Addition
5.2 NAME	Simpson, Anna M.	
5.3 STREET ADDRESS	850 Hangmans Road	
5.4 CITY-ST-ZIP	Bailey, CO 80421	☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anna M. Simpson*

Anna M. Simpson

7/31/96

(303) 697-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)