

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000061218 (1)**

1. Corporation Name  
**CLARKESBURGE TRUST, INC.**



Principal Place of Business <b>250 VALENCIA AVE CORAL GABLES FL 33134</b>	Mailing Address <b>250 VALENCIA AVE CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**08/19/1994**

4. FEI Number

**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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MILLER, GEORGE  
250 VALENCIA AVE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, GEORGE</b>	
STREET ADDRESS	<b>250 VALENCIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HENNESSY, DAVID C</b>	
STREET ADDRESS	<b>22481 PLEASANT PARK RD.</b>	
CITY-ST-ZIP	<b>CONIFER CO 80433</b>	

TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>BERKOWITZ, JOEL</b>	
STREET ADDRESS	<b>2115 KNAAB DRIVE</b>	
CITY-ST-ZIP	<b>BOZEMAN MT</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COOLEY, WILLIAM O</b>	
STREET ADDRESS	<b>10836 PLEASANT HILL DRIVE</b>	
CITY-ST-ZIP	<b>POTOMAC MD</b>	

TITLE	<b>A</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMPSON, ANNA M</b>	
STREET ADDRESS	<b>850 HANGMANS ROAD</b>	
CITY-ST-ZIP	<b>BAILEY CO</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Berkowitz, Joel S.</b>
3.3 STREET ADDRESS	<b>303 Ivy Lane</b>
3.4 CITY-ST-ZIP	<b>Weston, FL 33326</b>

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Cooley, William O.</b>
4.3 STREET ADDRESS	<b>233 Tradewind Drive</b>
4.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>

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 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:

*Anna M. Simpson, A. Sec.*

*4/6/98*

*(303) 697-8400*

CR2E034 (10/97)