

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 # P95000001532 (7)

1. Corporation Name

VIA CLEMATIS, INC.



Principal Place of Business

1300 N CONGRESS
WEST PALM BEACH FL 33409

Mailing Address

1300 N CONGRESS
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 535 Clematis St.

2a. Mailing Address

26 535 Clematis St.

4. FEE Number

☒ 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

22 City & State

23 West Palm Beach FL

24 33401

25 Country

27 City & State

28 West Palm Beach, FL

29 33401

30 Country

9. Name and Address of Current Registered Agent

WOLFE, LEON J
1300 N CONGRESS
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name JOSEPH F. CROSSEN

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

83 40 COMPLETE PROPERTY
701 US 1 SUITE 101

84 City N.P.B.

FL

85 Zip Code 33408

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 of and/or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SINGER, BARRETT M
STREET ADDRESS 1300 N CONGRESS
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D
NAME O'BRIEN, ANA M
STREET ADDRESS 4620 LEE HWY SUITE 202
CITY-ST-ZIP ARLINGTON VA 22207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P.
1.2 NAME JOSEPH F. CROSSEN
1.3 STREET ADDRESS 535 CLEMATIS ST.
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)