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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9: 1. Corporation Name SOUTHERN CLIPPER, INC. P95000007093 (4)

## **FILED** Jan 28 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                                       |                     |   |                              |                                     | a i aditadi sik ibidi dirit datti aditi datti datti datti datti datti datti aditi i adit |   |  |
|---|---------------------------------------|---------------------|---|------------------------------|-------------------------------------|--|---|--|
| 2525 RABBIT CT. P.O. BOX 670  |                                       |                     |   |                              |                                     |  |   |  |
| MIDDLEBURG FL 32068   |                                       |                     | MIDDLEBURG FL 32050   |                              |                                     |  | DO NOT WRITE IN THIS SPACE  |  |
|   |                                       |                     |   |                              |                                     |  | 3. Date Incorporated or Qualified 01/23/1995  |  |
| Principal Place of Business   |                                       |                     | 2a. Mailing Address 26                                      |                              |                                     |  | 4, FEI Number Applied For 59-3293597 Not Applicable                                   |  |
| Sulte, Apt. #, etc.   |                                       |                     | Suite, Apt. #, etc.   |                              |                                     |  | 5. Certificate of Status Desired S8.75 Additional                                     |  |
| 22  |                                       |                     | 27  |                              |                                     |  | Fee Required  |  |
| City & State  |                                       |                     | City & State  |                              |                                     |  | 6. Election Campaign Financing \$5.00 May Be  |  |
| 23  |                                       |                     | 28  |                              |                                     |  | Trust Fund Contribution Added to Fees   |  |
| Zip   | Country                               |                     | Zip   | $\vdash$                     | ıntry                               |  | 8. This corporation owes or has paid the current year Inlangible                      |  |
| 24  | 25                                    | 29                  |   | 30                           |                                     |  | Personal Property Tax due June 30. Yes No   |  |
|   | e. Name and Address of Curren         | stered Agent        | 81 Name   |                              |                                     | 10. Name and Address of New Registered Agent   |   |  |
|   | , ANGELA M                            |                     |   |                              | °'                                  | Name   |   |  |
| 2525 RABBIT CT.   |                                       |                     |   |                              |                                     | Street Address (P.O. Box Number is Not Acceptable)                                       |   |  |
| MIDD  | Leburg FL 32068                       |                     |   |                              | -                                   |  |   |  |
|   |                                       |                     |   |                              | 83                                  |  |   |  |
|   |                                       |                     |   |                              | 84                                  | City   | ■■ 85 Zip Code  |  |
|   |                                       |                     |   |                              | LJ                                  |  | FL 3 245 COM  |  |
| 11. Pursuant to   | the provisions of Sections 607.050    | 2 and €<br>of Flori | 607.1508, Florida Statu <sup>i</sup><br>da, Such change was | tes, the a<br>authoriza      | bove<br>d hv                        | :-named<br>: the corr  | d 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: Regis   |                                       |                     |   |                              | d Age                               | nt signature   | re required when renstating) DATE   |  |
| 12.   | OFFICERS AND                          | ) DIHE              | DELETE  | 13.                          | T   E                               |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition                    |  |
| TITLE   | KING, BRETT A                         |                     |   | 1.1 TITLE<br>1.2 NAM         |                                     |  | C Stange C Toolies  |  |
| NAME  | ARAE DARRIT AT                        |                     |   |                              | 455555                              |  |   |  |
| STREET ADDRESS  | MINON EDITOR EL GONDO                 |                     |   |                              | ADDRESS                             |  |   |  |
| CITY-ST-ZIP   | \$ DELETE 2.1                         |                     | ITY-S   | 1-20                         | Change Addition                     |  |   |  |
| TITLE   | KING, ANGELA M                        |                     | 22 N  |                              |                                     |  |   |  |
| NAME  | OROS DADDIT OT                        |                     |   |                              |                                     | *DDDDCCC   |   |  |
| STREET ADDRESS  | MICON ERI IDA EI                      |                     |   |                              | 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP |  | 1   |  |
| CITT-31-EII   |                                       |                     | DELETE 3.11   |                              |                                     | or-zir   | Change Addition   |  |
| TITLE   |                                       |                     | 3.21  |                              |                                     |  |   |  |
| NAME<br>OTTOTAL PROPERTY  |                                       |                     |   |                              |                                     | ADDRESS  | .   |  |
| STREET ADDRESS  |                                       |                     |   |                              |                                     |  | ` <b> </b>  |  |
| CITY-ST-ZIP TITLE   |                                       |                     | DELETE  |                              | 3.4. CITY - S1 - ZIP<br>4.1 TITLE   |  | Change Addition   |  |
| NAME  |                                       |                     | <del></del>   |                              | NAME                                |  |   |  |
| STREET ADDRESS  |                                       |                     |   |                              |                                     | ADDRESS  |   |  |
| · ·   |                                       |                     |   |                              |                                     |  |   |  |
| CITY-ST-ZIP<br>TITLE  | DELETE                                |                     |   | 4.4 CITY-ST-ZIP<br>5.1 TITLE |                                     | Change Addition  |   |  |
| i i   |                                       |                     |   | 5.2 N                        |                                     |  |   |  |
| NAME<br>CTOEST ADDRESS  |                                       |                     |   |                              |                                     | ADDRESS  | ,   |  |
| STREET ADDRESS  |                                       |                     |   |                              |                                     |  | ´   |  |
| CITY-ST-ZIP   |                                       |                     |   |                              | 4 CITY - ST - ZIP<br>1 TITLE        |  | Change Addition   |  |
|   |                                       |                     | La Decert   | 6.2 N                        |                                     |  |   |  |
| NAME  |                                       |                     |   |                              |                                     | ADDRESS  | ,   |  |
| STREET ADDRESS  | · · · · · · · · · · · · · · · · · · · |                     |   |                              |                                     | ADDRESS  |   |  |
| CITY-ST-ZIP   | if that the information supplied u    | ith this            | filing dose not qualify t                                   |                              | ITY-S                               |  | ted in Section 119 07/3/(i). Florida Statutes. I further certify that the information |  |

Indicated on this annual report or supplied will finish fining does not quarry for the exemption stated in section 119.07(3)(), Florida Statutes. Indicates in 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.

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