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FILED
Mar 20 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 # P95000007660 (0)

1. Corporation Name
ABER CLADE, INC.

Principal Place of Business
807 NORTH A STREET
LAKE WORTH FL 33460

Mailing Address
807 NORTH A STREET
LAKE WORTH FL 33460-2426



3. Date Incorporated or Qualified 01/30/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number 65-0553571
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

ANCLADE, BRUCE M
807 NORTH A STREET
LAKE WORTH FL 33460

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 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer 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

(Type or print name of officer or registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ANCLADE, BRUCE M
1.3 STREET ADDRESS 807 NORTH A STREET
1.4 CITY- ST- ZIP LAKE WORTH FL 33460

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY- ST- ZIP ☐ DELETE

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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3.2 NAME ☐ Change ☐ Addition

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4.4 CITY- ST- ZIP ☐ DELETE

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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5.2 NAME ☐ Change ☐ Addition

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5.3 STREET ADDRESS ☐ Change ☐ Addition

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5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY- ST- ZIP ☐ DELETE

6.4 CITY- ST- ZIP ☐ Change ☐ Addition

7.1 TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME ☐ DELETE

7.2 NAME ☐ Change ☐ Addition

7.3 STREET ADDRESS ☐ DELETE

7.3 STREET ADDRESS ☐ Change ☐ Addition

7.4 CITY- ST- ZIP ☐ DELETE

7.4 CITY- ST- ZIP ☐ Change ☐ Addition

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:

Bruce M. Anclade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0327315

CR2E034 (9/96)