

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027534 (3)

1. Corporation Name
CLIPPER SALES, INC.



Principal Place of Business

222 U.S. HIGHWAY 1
SUITE 213E
TEQUESTA FL 33469

Mailing Address

222 U.S. HIGHWAY 1
SUITE 213E
TEQUESTA FL 33469

3. Date Incorporated or Qualified
03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WHALEN, TIMOTHY L
400 AUSTRALIAN AVENUE SOUTH
SUITE 850
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81

Name

JAMES S. VITALE

82

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

300 INTRACOASTAL PL #107

83

84

City

TEQUESTA

FL

85

Zip Code

33469

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)

(If 301) Registered Agent Signature (and address, not state)

DATE

JAMES S. VITALE

4/1/96

12. OFFICERS AND DIRECTORS

TITLE

PSTD

NAME

VITALE, JAMES S

STREET ADDRESS

222 U.S. HIGHWAY 1, STE 213E

CITY - ST - ZIP

TEQUESTA FL 33469

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. VITALE

4/1/96 375-3409

CR2E034 (12/95)