

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

**FILED**  
**May 12 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 # P95000053794 (0)**

1. Corporation Name  
**CLAS-CLIP, INC.**



Principal Place of Business  
**19 CHESTNUT CIRCLE  
 COOPER CITY FL 33026**

Mailing Address  
**19 CHESTNUT CIRCLE  
 COOPER CITY FL 33026-1119**

3. Date Incorporated or Qualified **07/11/1995** 3a. Date of Last Report **05/29/1996**  
 4. FEI Number **65-0586822** 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

2. Principal Place of Business  
**2705 Hiatus Rd.**  
 Suite, Apt. #, etc.  
 City & State **Cooper City, FL**  
 Zip **33026** Country **USA**

2a. Mailing Address  
**2705 Hiatus Rd.**  
 Suite, Apt. #, etc.  
 City & State **Cooper City, FL**  
 Zip **33026** Country **USA**

9. Name and Address of Current Registered Agent  
**MINICK, DAVID S  
 6722 S FLAMINGO ROAD, #239  
 COOPER CITY FL 33330**

10. Name and Address of New Registered Agent  
 81 Name **Elizabeth Smith**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2261 Buttonwood Ave.**  
 83  
 84 City **Pembroke Pines** FL 85 Zip Code **33026**

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 *Elizabeth Smith*  
 Signature, typed or printed name of registered agent, and title if applicable.

VP  
 DATE **4-24-97**  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BROWN, DONNA S	
STREET ADDRESS	19 CHESTNUT CIRCLE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	VD	<input type="checkbox"/>
NAME	SMITH, ELIZABETH L	
STREET ADDRESS	4517 SW 54TH COURT #5	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	2261 Buttonwood Ave.		
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Elizabeth Smith*

4/24/97 (954) 930-4223

CR2E034 (9/96)