


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

FILED  
May 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P915000059**  
1. Corporation Name **PAPER CLIPS INC.** **825**

Principal Place of Business **3626 E. INDUSTRIAL WAY, #8,  
RIVIERA BEACH, FL 33404**  
Mailing Address **P.O. BOX 18469,  
W.P.B., FL 33416**

2. Principal Place of Business 21 <b>3626 E. INDUSTRIAL WAY</b> Suite, Apt. #, etc. 22 <b>SUITE #8,</b> City & State 23 <b>RIVIERA BEACH,</b> Zip 24 <b>33404</b>	2a. Mailing Address 26 <b>P.O. BOX 18469</b> Suite, Apt. #, etc. 27 City & State 28 <b>WEST PALM BEACH</b> Zip 29 <b>33416</b> Country 30 <b>US</b>
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3. Date Incorporated or Qualified <b>JUNE 1995</b>	3a. Date of Last Report <b>SEPT. 1996</b>
4. FEI Number <b>65-0713373</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GWENDOLYN R. IVORY  
4773 RICHMOND MEWS,  
HAVER HILL, FLORIDA 33415**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *Gwendolyn R. Ivory* **PRESIDENT**

**May 21, 1997**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRES.</b>
1.3 STREET ADDRESS	<b>GWENDOLYN R. IVORY</b>
1.4 CITY-ST-ZIP	<b>4773 RICHMOND MEWS, HAVERHILL, FL 33415</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHAIRMAN</b>
2.3 STREET ADDRESS	<b>CORNELIUS L. IVORY, JR.</b>
2.4 CITY-ST-ZIP	<b>4773 RICHMOND MEWS, HAVERHILL, FL 33415</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**000002203740  
-06/06/97--01013--019  
\*\*\*165.00**

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: *Gwendolyn R. Ivory* **GWENDOLYN R. COLLINS IVORY 5/21/97 561-844-5501**

CR2E034 (9/96)