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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000061609 (0)

CLOVER HOUSE, INC.

Principal Place of Business	Ma'ling Address
11457 SAN JOSE BLVD SUITE 108	11457 SAN JOSE BLVD SUITE 108
JACKSONVILLE FL 32223	JACKSONVILLE FL 32223



	1 JOSE BLVD SUITE 108 JILLE FL 32223		11457 SAN JOSE BLVD SUITE 108 JACKSONVILLE FL 32223			3. Data incorporated or Qualified	3a . Da	te of Last Re	port
						08/10/1995 4. FEI Number	<u> </u>		polied For
2. Principal Pla	ace of Business	2a. Mailing Addre	, Mailing Address			59-3330302	1 1 1		
Suite, Apt. 4	#. etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	F		Additional
22		27				,,			equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
23	Country	28 Zip		Country		This corporation has liability for	intangible		
Ζιρ 24	25	29	30			Florida Statutes			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New I	Registere	d Agent	
				81	Name				
	D, F LEE			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
	y san Jose Blvd., suite 108	3		83					
JACK	Sonville FL 32223			63					
				84	City		F	85 Zu	Code
or register	to the provisions of Sections 607.05 red agent, or both, in the State of Fili ith, and accept the obligations of, So Sparker, the appropriation of experiences	orida Such change was action 607.0505, Florida	Statutes.	те согр	orago. Es bo	oration submits this statement for the pu and of directors. Thereby accept the app femble reports	oointment	as registered	agent. I am
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERIS A		
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NAME	STEED, F LEE			12 NAME	5	FEED, F. Lee	·		
STREET ADDRESS	11457 SAN JOSE BLVD.			13 STHEF	ADDRESS 1	1457 SAN JOSE BLUE	2. DU (16 198	
CHTY-ST-ZIP	JACKSONVILLE FL 3222			14 CiTY	\$1 - Zif'	JACKSONVILLE, IZL. 3.	<u> </u>	Change	Addiţiùr.
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NAME				4.2 NAME					
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CITY - ST - ZIP			LETE	6 1 117.6				Change	Addition
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		1,00		6.2 NAME					
STREET ADDRESS		ئے ا			EL ADDRESS				

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath, that I am an officer or of the corporation or the receiver or trusted 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROSPECTOR

PROSPECTOR

Provides Statutes

SIGNATURE

Lost

Date Transporter

D

CR2E034 (12/95)