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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

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DOCUMENT # P9500063605 (6) CLIFTON VENTURES IV, INC.								
Principal Place of Business Mailing Address					T EN PROBLEM ON BOUNT MYRIE DO	IN BUNK TURK UDINU I	III <b>60</b> IHII <b>9 V</b> ail	
7200 W. CAMINO REAL 7200 W. CAMINO REAL			NO REAL					
SUITE 314 SI BOCA RATON FL 33433 BI		SUITE 314	BOCA RATON FL 33433		3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1995			
		DOCA HRIUN						.ast Report
, Principal Pla 1	lace of Business	2a. Mailing Addre	ess		4. f El Number	200		Applied For
Suite, Apt.	#. etc.	26   Suite, Apt. #.	nto.		65-06053	572		Not Applicat
		27	eic.		5. Certificate of Status Desire	ed 🔲	•	Additional Required
City & State	е	City & State			6. Election Campaign Finance	ana		0 May Be
		28			Trust Fund Contribution	· · · · ·		of to Fees
Zip !	Country	Ziρ	Countr	У	8. This corporation has liabile			
	25 9. Name and Address of (	29 Current Registered Agent	[30]			Yes No	A	
		sa registere agent	81	I Name	10. Name and Address of N	vew Hegistered	Agent	
WIENER	I, DAVID J ESQ.				/0.00 p. 10 10 10 10 10 10 10 10 10 10 10 10 10			
1400 CENTREPARK BLVD.			82	Street Add	ress (P.O. Box Number is Not Acc	ceptable)		
SUITE 10			83	<b>3</b>				· · · · · · · · · · · · · · · · · · ·
WEST P	ALM BEACH FL 33401		64	City			001.7	- CI-
							<b>  85</b>   Z <sub>1</sub> ç	o Code
familiar wit	to the provisions of Sections 60; red agent, or both, in the State o th, and accept the obligations of		Statutes, the above	<u></u>	ration submits this statement for the ard of directors. I hereby accept the	FL ne purpose of ch e appointment as		egistered off agent. I am
familiar wit	th, and accept the obligations of	the Capital and the Papphiate.  SAND DIRECTORS	Statutes, the above authorized by the constatutes.  NOTE Registered Age.  13.	named corpo poration's boa	ird of directors. I hereby accept the	ne purpose of ch e appointment as DATE	anging its r s registered	agent. I am
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familiar wit	Signature, types or printed name of registering  OFFICE F  D  CARDER, MARTIN  7200 W. CAMINO REAL,	S AND DIRECTORS    SUITE 314	Statutes, the above authorized by the constantes.  INOTE Francisco Age  13. IE 1: THUE 12 NAME 1.3 STREET	named corpo poration's box at signature in a re-	rta of directors. I hereby accept the	ne purpose of che e appointment as DATE O OFFICERS AND	anging its r s registered	agent. I am
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SIGNATURE:

PHILIP A. BINNS SIGNATURE AND TYPHOR PRINTED NAME OF SIGNATURE OF DIRECTOR

3/21/96 (ACT) 362-0444