

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 # P95000069547 (4)

1. Corporation Name

CLEARBRONZ INCORPORATED

Principal Place of Business

11920 N.W. 29 PLACE
SUNRISE FL 33323

Mailing Address

11920 N.W. 29 PLACE
SUNRISE FL 33323



3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0606037

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, ELLIOTT
11920 N.W. 29 PLACE
SUNRISE FL 33323

81. Name

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

83

84. City

FL

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

Signature, typed or printed name of registered agent, if not applicable

Signature, typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PRES
ELLIOTT MEYER
STREET ADDRESS
11920 N.W. 29 PLACE
CITY-STATE-ZIP
SUNRISE, FL 33323

TITLE ☐ DELETE

NAME
SECRETARY
BROOK MEYER
STREET ADDRESS
11920 N.W. 29 PL
CITY-STATE-ZIP
SUNRISE, FL 33323

TITLE ☐ DELETE

NAME
V.P.
MARC MEYER
STREET ADDRESS
2017 N.W. 46 AVE #10A
CITY-STATE-ZIP
LAWDOWHILL FL 33313

TITLE ☐ DELETE

NAME
V.P.
PAUL MEYER
STREET ADDRESS
8060 N.W. 47 CT
CITY-STATE-ZIP
LAWDOWHILL FL 33351

TITLE ☐ DELETE

NAME
V.P.
LAURIE MEYER
STREET ADDRESS
8060 N.W. 47 CT
CITY-STATE-ZIP
LAWDOWHILL FL 33351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

500001828535
-05/20/96--01028--017
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOTT MEYER (PRES) 4/19/96

954-747-8219
SG-5-1-96

CR2E034 (12/95)