

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069547 (4)

1. Corporation Name

CLEARBRONZ INCORPORATED



Principal Place of Business

Mailing Address

11920 N.W. 29 PLACE
SUNRISE FL 33323

11920 N.W. 29 PLACE
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1995

4. FEI Number

65-0606037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1844 NOB Hill RD

22 City & State

27 Suite, Apt. #, etc.

28 City & State

24 Zip

25 Country

29 Zip

30 Country

33322

U.S.

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 and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

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

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

S
NAME
MEYER, ROSALIE
STREET ADDRESS
11920 N.W. 29 PLACE
CITY-ST-ZIP
SUNRISE FL 33323

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

V
NAME
MEYER, MARC
STREET ADDRESS
2017 NW 46 AVE #109A
CITY-ST-ZIP
LAUDERDALE FL 33313

☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

V
NAME
MEYER, PAUL
STREET ADDRESS
8080 NW 47 CT
CITY-ST-ZIP
LAUDERHILL FL 33351

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

V
NAME
MEYER, LAURIE
STREET ADDRESS
8080 NW 47 CT
CITY-ST-ZIP
LAUDERHILL FL 33351

☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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

[Signature]

ELLIOTT MEYER

CP2E034 (10/97)