FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000086347 (8)**

1. Corporation Name

CLAVERE ENTERPRISES, INC.

Principal Place of Business
~~3261 NW 64TH ST.~~
FT. LAUDERDALE FL 33309

Mailing Address
~~3261 NW 64TH ST.~~
~~FT. LAUDERDALE FL 33309~~

3. Date Incorporated or Qualified: 11/08/1995

3a. Date of Last Report:

2. Principal Place of Business
21 420 NE 17TH AVE
Suite, Apt. #, etc.
22 #2
City & State
23 BOYNTON BCH FL
Zip
24 33435
Country
25

2a. Mailing Address
26 420 NE 17TH AVE
Suite, Apt. #, etc.
27 #2
City & State
28 BOYNTON BCH FL
Zip
29 33435
Country
30

4. FEI Number: ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

LAVERE, CURT J
3261 NW 64TH ST.
~~FT. LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name: CURT J. LAVERE
82 Street Address (P.O. Box Number is Not Acceptable): 420 NE 17TH AVE #2
83
84 City: BOYNTON BCH FL 85 Zip Code: 33435

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 if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST ☐ DELETE
NAME	LAVERE, CURT J
STREET ADDRESS	~~3261 NW 64TH ST.~~
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33309~~
TITLE	D ☐ DELETE
NAME	LAVERE, CURT J
STREET ADDRESS	~~3261 NW 64TH ST.~~
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33309~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	420 NE 17TH AVE #2
1.4 CITY-ST-ZIP	BOYNTON BCH FL 33435
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	420 NE 17TH AVE #2
2.4 CITY-ST-ZIP	BOYNTON BCH, FL 33435
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	700001911267 -08/02/96--01024--032 ***225.00
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

8/1/96

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)(k), 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: Curt J. Lavere — 7-24-96 — 407 733 9004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)