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 # P95000087904 (5)

1. Corporation Name

THE CLEARANCE HOUSE, INC.

Principal Place of Business	Mailing Address
%ZUCKERMAN SPAEDER TAYLOR & EVANS, LLP 201 SOUTH BISCAYNE BLVD. SUITE 900 MIAMI, FLORIDA 33131	%ZUCKERMAN SPAEDER TAYLOR & EVANS, LLP 201 SOUTH BISCAYNE BLVD. SUITE 900 MIAMI, FLORIDA 33131

2. Principal Place of Business	2a. Mailing Address
21 %Michael Steven Greene, Esq.	26 %Michael Steven Greene, Esq.
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country US	29 Zip / 30 Country US

3. Date Incorporated or Qualified: 11/16/95
3a. Date of Last Report:
4. FEI Number: 65-0667274 [ ] 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 [X] No

9. Name and Address of Current Registered Agent

GREENE, MICHAEL S.
201 SOUTH BISCAYNE BLVD.
SUITE 900
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name: GREENE, MICHAEL S.
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 ______ 7/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	GREENE, MICHAEL S.	
STREET ADDRESS	201 S. BISCAYNE BLVD., #900	
CITY-ST-ZIP	MIAMI, FL 33131	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	[ ] Change [X] Addition
1.2 NAME	DAVID CAPLAN	
1.3 STREET ADDRESS	2000 S. OCEAN BLVD., APT. 16-H	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	VP/S	[ ] Change [X] Addition
2.2 NAME	LYNNE CAPLAN	
2.3 STREET ADDRESS	2000 S. OCEAN BLVD., APT. 16-H	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: ______ 8/1/96 (305)358 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 8/5/96