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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009225 (9)

FILED Feb 04 1998 8:00am Secretary of State

CLAUD	IA'S MEAL ESTATE, INC.				
Principal Place	e of Business	Mailing Address			- I TOBRICOR IND VOLUM DISSI DAVIS DAVIS DAVIS DAVIS DAVIS DAVIS DAVID DAVID DISSI DISSI (COD)
1415 10TH ST EAST 1415 10TH ST EAST					
PALMETTO FL 34221 PALMETTO FL 34221					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/30/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0646788 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip Country			
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren		1001		10. Name and Address of New Registered Agent
HA	RTUNG, RON		В		
1415 10TH ST EAST			8:	Street	Peter Fisher Address (P.O. Box Number is Not Acceptable)
	LMETTO FL 34221	<u> </u>			5609 26th St. West
		1		Bradenton, Fl. 34207	
			84		
-11-5				<u> </u>	FL 10 1 Troub
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 oldingutions of, Section 607.0505, Florida Statules.					
SIGNATURE 4	Signature, typed or printed name of registered age	od and tale disposition (NO	Pres		01/30/98 o required when reinslating) DATE
12.	OFFICERS AN		13.	Seur erBuerou	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	▼ DELETE	1.1 TITLE		President Change XX Addition
NAME	HARTUNG, CLAUDIA		1.2 NAME		Peter Fisher
STREET ADDRESS	10315 GOLF COURSE RD		1,3 STREE	1 ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-	ST-ZIP	5609 26th St. West Bradenton, Fl. 34207
TITLE	D	DELETE	2.1 TITLE		
NAME	KIPP, WILLIAM B		2.2 NAME		Alice M. Stiert
STREET ADDRESS	16255 SR 62			1 ADDRESS	14280 Manatee Rd.
CITY-ST-ZIP VITLE	PARRISH FL	DELETE	2. 4 CITY 3.1 TITLE	-S1-ZIP	Parrish, Fl. 34219
NAME			3.2 NAME		G OTALINGO
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	:	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS]
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 THLE		Change
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP	artify that the information assets at	th this filing does not qualify t	6.4 CITY-		and in Spotion 110 07/3VI) Florida Statutos / further cortifu that the information

indicated on this annual report or supplied with this ming does not quany for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further cettify 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 eath; 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.

President