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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

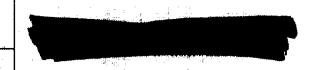
DOCUMENT #

1. Corporation Name P96000039009

CLEARVIEW PRODUCTS CORP.

Principal Place of Business Mailing Address 8738 East Clearview Street 8738 East Clearview Street Floral City, Florida 34436 Floral City, Florida 34436

FILED May 15 1997 8:00am Secretary of State



	·					a. Date Incorpora	ated or Qualifie	d 38. D	ate of Last R	eport	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	· ······			aliad Far	
21	IBCE OF DUSITIESS	26			59-337795	7			oplied For of Applicable		
Suite, Apt. #, etc. Suite, Apt. #			elç.					·····	\$8.75		
22	.,	27	27			5. Certificate of S	Status Desired		Fee Re		
City & State	City & State				6. Election Camp	aign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution Added to Fees					
Zıp	Country	Zip		untry		8. This corporation				. 199.032,	
24 25 29 30 9, Name and Address of Current Registered Agent					Florida Statutes Yes No						
<u> </u>	9, Name and Address of Current	10. Name and Address of New Registered Agent									
AmeriLawyer Chartered					81 Name						
343 Almeria Avenue					82 Street Address (P.O. Box Number is Not Acceptable)						
Coral Gables, Florida 33134					83						
				••							
				84	City			FI	85 Zip (Code	
44 Purcuant	to the provisions of Sections 607 0500	and 607 1508 Florida State	dec the e	bours	named cor	rocretion submits this	telement for th	: : : : : : : : : : : : : : : : : : : :	r chancing it	e registered	
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.											
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered ager	V and title it applicable (MC	TE Banielare	d Anen	sinnet re ten	uired when reinstating)		DATE	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12,	OFFICERS AND		13.	O PIGO	1 20,120,000	ADDITIONS/CH	ANGES TO OF		DIRECTOR	S IN 12	
TITLE	DPST	☐ DELETE	1,1 7	ITLE	 	7	***********		Change	Addition	
NAME	William F. Forbes			IAME	,			•			
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NAME			2.2 N	IAME							
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NAME			3.2 NAME						4.4		
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NAME			5,2 N	IAME	;		1		ر دارات	. /_	
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NAME			6.2 N	IAME		-05/28/5	970100	2U33			
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CITY-ST-ZIP				HY-ST			ik.	310			
14. I do 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											
l am an o	14. I do 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 angual report or supplemental angual 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name										