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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071808 (5)

CHONG A. CLAYTON, INC.

FILED Jun 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							ANIMAN ISE SAILA AIII	ı 00 111 00 111 00 1		AI MHI OPIN) (011 (01 1	
2247 BEE RID SARASOTA FL			2247 BEE RIDGE ROAD SARASOTA FL 32438				DO NOT WRITE IN THIS SPACE					
						1	Incorporated o	Qualified				
							/28/1996 · ·					
 -	ac e of Business	├ - ¬	2a. Mailing Address				4. FEI Number .				olied For	
Suite, Apt. 4	# ata	26 Suite An	Suite, Apt. #, etc.				9 -33 98249				Applicable	
22		27	27				5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State		28 City & St	+				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip	<u> </u>				8. This corporation owes or has paid the current year Intangible					
24	25 29 30 30 30 30 30 30 30 30 30 30 30 30 30			0]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent							
<u> </u>	ınt	81	04 None						,			
	ERILAWYER CHARTERED			82			baut	9 6	your -	K/		
	ALMERIA AVENUE					Street Address (P.O. Box Number is Not/Acceptable)						
COI	RAL GABLES FL 33134					7 <u> </u>	an pou		L'	/		
												
				84	City	Ran		*	<u>FL</u>	33	967	
office or re	o the provisions of Sections 607.05 ogistered agent, or both, in the Stat in familiar with, and accept the obli	to of Horida, Such c	shanno was aut	thorized by	the cord	corporation sub oration's board	omits this statem For directors. I h	ent for the pareby accer	ourpose of ch of the appoint	anging its ment as r	registered	
SIGNATURE .	Robert 1	Clayfi	1	M					5/2	19	<u> </u>	
	Signature, typod or printed name of registered a	agent and the if applicable. NO DIRECTORS	(NOTE	13.	ent signature	Quired when Telnsy	TIONS/CHANGE	S TO OFFIC	CERS AND DI	RECTORS	3 IN 12	
12.	PD	IND DIRECTORS	DELETE	1.3 TITLE	/ -1	AUBI	HONOZOFIANOL	310 01110		Change	Addition	
NAME	CLAYTON, CHONG A	_	1.2 NAA							•		
STREET ADDRESS	2247 BEE RIDGE ROAD		1.3 ST		ADDRESS							
CITY-ST-ZIP	SARASOTA FL 32439		1.4 C#		T-ZIP							
TITLE	VSTD	L	DELETE	21 TITLE					_	Change	☐ Addition	
NAME	CLAYTON, ROBERT Y		2.2 NA		i	_	,	11				
STREET ADDRESS	2247 BEE RIDGE ROAD		2.3 STF		ADDRESS	3/2 6	an by	nd by	29			
CITY-ST-ZIP	SARASOTA FL 32439		2. 4 CIT		ST-ZIP	Clea	an bym	<u> </u>	- 0 33	767		
TITLE			DELETE	3.1 TITLE]					Change	☐ Addition	
NAME				3.2 NAME	-							
STREET ADDRESS				3.3 STREET								
CITY-ST-ZIP			T DELETE	3.4. CiTY-	S1 - ZIP					Channa	Addition	
TITLE		L	_] DELETE	4.1 TITLE					لــا	Change	☐ Addition	
NAME				4. 2 NAME	AROBERG							
STREET ADDRESS				4.3 STREET	!							
CITY-ST-ZIP TITLE		Г	DELETE	4.4 CITY - S 5.1 TITLE	1-212					Change	Addition	
1		_	_ orec.(*	5.2 NAME					_			
NAME Street address				5.3 STREET	ADDRESS							
CITY-ST-ZIP				5.4 CITY - S								
TITLE			DELETE	6.1 TITLE	. LI			-		Change	Addition	
NAME		_		6.2 NAME								
STREET ADDRESS				6.3 STREET	ADDRESS							
CITY-ST-7IP				6.4 CITY - S	T-ZIP							
14. I hereby c	ertify that the information supplied	with this filing does	not qualify for	the exemp	tion state	d in Section 11	9.07(3)(i), Florid	a Statutes. I	further certify	that the i	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.