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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093457 (5)

CLEMMER MAYHEW III, INC.

Principa! Place of Business
210 NE 2ND S T

Mailing Address

T2-CMS-3M-OHF-

FILED Feb 05 1997 8:00am Secretary of State



DELRAY BEAC	H FL 33483	DELPAY REACH FL 33483-5	418			
				3. Date Incorporated or Qualified 11/12/1996	3a. Date of Las	t Report
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
	n. lakeside drivi		KESIDE DK	#657082306		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State City & State			PTH, FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
^{Zip} 33	460 25 Country		Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
200	YHEW, CLEMMER III INE 2ND S T RAY BEACH FE 13383;		81 Name 82 Street Add 83	fress (P.O. Box Number is Not Acceptate	BRIVE	
			84 City	E WORTH	FI 85 Z	ip Code
office or n agent. I at SIGNATURE	registered agent, or both, in the State of an farmur with, and accept the obliga-	of Florida Such change was au lighs of, Section 607.0505 Flori	ithorized by the corpora Ida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing the appointment	g its registered as registered
12.	Signs are, typed or pentled name of registered agen OFFICERS AND		Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
ritt	n OTTOCAS AND	DELETE	1.1 TITLE	7,001110110701711100010 01110	Chang	*******
NAME .	MAYHEW, CLEMMER III		1.2 NAME		•	
SIREET ADORESS	240 NE 2ND ST		1.3 STREET ADDRESS 5	24 NORTH LAKESI	DEDRIV	E
011Y-S1-ZIP	DELRAY BEACH-EL 33883		1.4 CITY - ST - ZIP	AKE WORTH, F	L 3346	60
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IAME			2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS			
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IAME			4. 2 NAME			
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CITY - S1 - ZIF		☐ DELETE	5.4 CITY-ST-ZIP		☐ Chang	ge Additio
TIFLE			6.1 TITLE		cuang	ae Magana
NAMÉ CIBOLI ADOUECO	İ		62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP	J		64 CITY-ST-ZIP			

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 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: