

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90112 022 ***150.00

DOCUMENT # **P96000093560**

1. Corporation Name

CLIFTON LAKEFIELD, INC.



Principal Place of Business
**7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

Mailing Address
**7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0708360

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 355 NE 5th Avenue

Suite, Apt. #, etc.

22 4

City & State

23 Delray Beach, FL

Zip Country

24 33483 25 Palm Beach

2a. Mailing Address

26 355 NE 5th Avenue

Suite, Apt. #, etc.

27 4

City & State

28 Delray Beach, FL

Zip Country

29 33483 30 Palm Beach

9. Name and Address of Current Registered Agent

**WIENER, DAVID J
LEVY, KNEEN, MARIANI, ET. AL.
1400 CENTREPARK BOULEVARD #1000
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

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 ☐ DELETE

**D
BINNS, PHILIP A
7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

TITLE ☐ DELETE

**D
CARDER, J M
7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

TITLE ☐ DELETE

**D
CARDER, J M
7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

TITLE ☐ DELETE

**D
CARDER, J M
7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

TITLE ☐ DELETE

**D
CARDER, J M
7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

TITLE ☐ DELETE

**D
CARDER, J M
7200 WEST CAMINO REAL #314
BOCA RATON FL 33433**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

14. I 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 express, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)