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

FILED May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ! Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000043329 (6) CLERICUS CORP. Principal Place of Business Mailing Address 10026 BOYNTON PLACE CIRCLE #521 10026 BOYNTON PLACE CIRCLE #521 **BOYNTON BEACH FL 33437** BOYNTON BEACH FL 33437 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/12/1997</u> 2a. Mailing Address 2. Principal Place of Business Applied For Congress Ave Congress live Ste 65075 <u>1015</u>. Not Applicable Suite, Apj. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 112 Fee Required ity & State 6. Election Campaign Financing \$5.00 May Be 1)elvav Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MACKEY, JUNE M 10026 BOYNTON PLACE CIRCLE #521 82 **BOYNTON BEACH FL 33437** 83 84 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 time if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE 1.1 TITLE tresident Change TITLE TUNE M. MACKEY NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ **Acidition** TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

4-29-98

***150.00

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