

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

FILED

Aug 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000051377 (4)

1. Corporation Name
Law Offices of M. Kathleen Clendining, P.A.

2. Principal Place of Business
9070 Kimberly Blvd.
Suite 57
Boca Raton, FL 33434

2a. Mailing Address
9070 Kimberly Blvd.
Suite 57
Boca Raton, FL 33434

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite Apt # etc.	22. Mailing Address Suite Apt # etc.	3. Date incorporated or Qualified 05/28/97	4. FEI Number 65-076691	Applied For Not Applicable
23. City & State Boca Raton, FL	24. City & State Boca Raton, FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No
25. Country US	26. Country US			

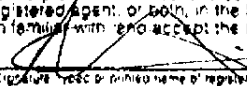
9. Name and Address of Current Registered Agent

Clendining, M. Kathleen
9070 Kimberly Blvd.
Suite 57
Boca Raton, FL 33434

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (PO Box Number is Not Acceptable)	B3	B4 City	FL	Zip Code
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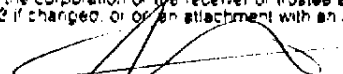
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  8-4-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME Clendining, M. Kathleen	☐ DELETE	1.1 TITLE President	☒ Change ☐ Addition
2. STREET ADDRESS 3844 Victoria Dr.		1.2 NAME Clendining, M. Kathleen	
3. CITY-STATE-ZIP West Palm Beach, FL 33406		1.3 STREET ADDRESS 9070 Kimberly Blvd. Suite 57	
		1.4 CITY-STATE-ZIP Boca Raton, FL 33434	
4. NAME	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
5. STREET ADDRESS		2.2 NAME	
6. CITY-STATE-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
7. NAME	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
8. STREET ADDRESS		3.2 NAME	
9. CITY-STATE-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
10. NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
11. STREET ADDRESS		4.2 NAME	
12. CITY-STATE-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
13. NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		5.2 NAME	
15. CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
16. NAME	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
17. STREET ADDRESS		6.2 NAME	
18. CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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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.

SIGNATURE: 

8-4-98

561-482-7000

CR2E034 (10/97)