

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

FILED
Jun 17 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 # **P97000058927 (9)**

1. Corporation Name
CLINICAL RESORTS INTERNATIONAL, INC.



Principal Place of Business 69 BAY WOODS DRIVE SAFETY HARBOR FL 34695 2801 MARRIE COURT CLEARWATER, FL 33761	Mailing Address 69 BAY WOODS DRIVE SAFETY HARBOR FL 34695 P.O. Box 15132 CLEARWATER, FL 33766
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2801 MARRIE CT Suite, Apt. #, etc. 22 City & State 23 CLEARWATER, FL Zip 24 33761 Country 25 USA	2a. Mailing Address 26 P.O. Box 15132 Suite, Apt. #, etc. 27 City & State 28 CLEARWATER FL Zip 29 33766 Country 30 USA.	3. Date Incorporated or Qualified 07/07/1997	4. FEI Number 59-3X68004 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

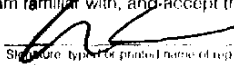
MASON, ANDREW M
69 BAY WOODS DRIVE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name MASON, ANDREW M
82 Street Address (P.O. Box Number is Not Acceptable) 2801 MARRIE CT.
83
84 City CLEARWATER FL 85 Zip Code 33761

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 and printed name of registered agent and date, if applicable

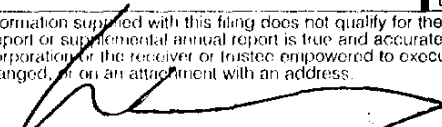
(NOTE: Registered Agent signature required when reinstating)

April 29/1998
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ DELETE MASON, ANDREW M 69 BAY WOODS DRIVE SAFETY HARBOR FL 34695	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition MASON, ANDREW M. 2801 MARRIE CT. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition 406/12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002564350 -06/18/98--01060--012 ***150.00

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:



April 29/98

CR2E034 (10/97)