


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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90134 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000062821

1. Corporation Name
CLASEN & ASSOCIATES, INC.



Principal Place of Business 6003 N.W. 31ST AVE. FORT LAUDERDALE FL 33309	Mailing Address 6003 N.W. 31ST AVE. FORT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1032 LIDO CT.		2a. Mailing Address 26 1032 LIDO CT.		3. Date Incorporated or Qualified 07/18/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0767741	
23 City & State FT. LAUDERDALE		28 City & State FT. LAUDERDALE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33326-2903 Country BELOWARD		29 Zip 33326-2903 30 Country BELOWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CLASEN, MARK 6003 N.W. 31ST AVE. FORT LAUDERDALE FL 33309				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLASEN, MARK 6003 N.W. 31ST AVE. FORT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent	
81 Name CLASEN, MARK		82 Street Address (P.O. Box Number is Not Acceptable) 1032 LIDO CT.	
83		84 City FT. LAUDERDALE FL 85 Zip Code 33326-2903	

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: Mark Clasen DATE: 2/3/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLASEN, MARK	1.2 NAME	CLASEN, MARK
STREET ADDRESS	6003 N.W. 31ST AVE.	1.3 STREET ADDRESS	1032 LIDO CT
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326-2903
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.

SIGNATURE: Mark Clasen DATE: 2/3/99 DAYTIME PHONE #: (954) 384-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)