

DOCUMENT # P97000062821

1. Entity Name

CLASEN & ASSOCIATES, INC.

### 1. Entity Name'

Principal Place of Business	Mailing Address
1032 LIDO CT FORT LAUDERDALE FL 33326	1032 LIDO CT FORT LAUDERDALE FL 33326-2903

Mailing Address  
1032 LIDO CT  
FORT LAUDERDALE FL 33326-2903

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0767741</b>	Applied For
	Not Applicable
5. Certificate of Status <u>Desired</u> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
CLASEN, MARK 1032 LIDO CT FORT LAUDERDALE FL 33326 LIDO	Name
	Street Address (If different from above)
	City
	State

<b>7. Name and Address of New Registered Agent</b>	
P.O. Box Number is Not Acceptable)	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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[illegible][illegible]

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y. Mark Olsen 4/8/00 (954) 384-6217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**  
04-12-2000 90054 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)