PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700066052

1. Corporation Name

CLOVER S CORPORATION

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90018 015 ***550.00



Principal Place of Business Mailing Address						- I TRANSEON SIO NONT HORST GENIC EGIST ORDS ONLY ONLY ONLY OUTS OF SERVICE SOLD OF SERVICE SE
1159 HARBOUR ISLAND ROAD 1159 HARBOUR ISLAND ROAI			Ď			
ORLANDO FL 32809 ORLANDO FL 32809						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						07/28/1997
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-3459583 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired
22 27						
City & Stat	e	— ´	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 28 Zip Country Zip			Country			This corporation owes the current year Intangible
			_	.,		Personal Property Tax.
24	9. Name and Address of Curren	- 	V _I			10. Name and Address of New Registered Agent
	5. Hame and Address of Parisin	, rogiotorou rigeni	8	1 N	ame	
STIN	STINE, JOSEPH P					
1159 HARBOUR ISLAND ROAD			8:	Z St	treet Addres	ess (P.O. Box Number is Not Acceptable)
ORL		8	3			
			8	4 Ci	ity	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	the abo	ve-na	med corpor	pration 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 agen	t and title if applicable. (NOTE: R	egistered Ag	ent sign	nature required v	when reinstating) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		_	☐ Change ☐ Addition
NAME	STINE, JOSEPH P	1.2 NA		Ē		
STREET ADDRESS	RESS 1159 HARBOUR ISLAND ROAD 135		1.3 STRE	ET ADD	RESS	
CITY-ST-ZIP	ORLANDO GF 32809 14		1.4 CITY-	ST-ZIP		
TITLE	DELETE 21 TI		2.1 TITLE		į	☐ Change ☐ Addition
NAME	2.2 N		2.2 NAME	Ξ.		
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CITY-ST-ZIP	-ZIP 2.4		2.4 CITY	- ST- ZIF	·	
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NAME			3.2 NAME	•	1	
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CITY-ST-ZIP			4.4 CITY-	ST-ZIP	_	
TITLE	_	☐ DELETE	5.1 TITLE)	☐ Change ☐ Addition
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STRE		J	
CITY-ST-ZIP			5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME		[
STREET ADDRESS			6.3 STRE			
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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR