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| SECOND NO | TICE: CORPORATION WILL BE I | DISSOLVED (| ON OR AFTER | SEPTEMBER 30, 199 TO REINSTATE: \$750). | Anu | \ |
|---|--|--------------|---|---|---|-------------|
| COR | PROFIT PORATION JAL REPORT 1998 | F | Sandra B. Secretary | | 98 NOV 16 PM 1: 07 | <i>)</i> |
| DOOLINGS !! | | | | SECRETARY OF STATE FALLAHASSEE, FLORIDA | | |
| 1. Corporation Name P97000072802 (6) | | | | | | |
| CLIPPER | R SERVICES II, INC. | | | | | |
| | | | | | | |
| Principal Place of Business Mailing Address | | | | | ŧl. | |
| 6512 NORTHWEST 186 STREET 6512 NORTHWEST 186 STREET MIAMI LAKES FL 33015 MIAMI LAKES FL 33015 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | 3. Date Incorporated or Qualified | \neg | |
| | | | | | 08/22/1997 | |
| ⊢ . | 2. Principal Place of Business 2a. Mailing Address | | | 4. FEI Number Applied For 65-0786973 PNot Applicate | 10 | |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| City & Stat | City & State City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| Zip | Country | Zip | | Country | Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible | \dashv |
| 24 | 25 | 29 | | 30 | Personal Property Tax due June 30. X Yes No | |
| | 9. Name and Address of Curren | Registered A | \gent | | 10. Name and Address of New Registered Agent | _ |
| | RILAWYER CHARTERED | | - | 81 Name Rich: | ard J. Filippi | |
| 343 ALMERIA AVENUE | | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| CORAL GABLES FL 33134 | | | | 83 6512 | N.W. 186th Street | \dashv |
| | | | | | | |
| | | | | 84 City Miam: | i Lakes, FL S Zip Code 33015 | |
| 11. Pursuant | to the provisions of sections 607.0502 | and 607.1508 | , Florida Statutes, | the above-named corporat | pration submits this statement for the purpose of changing its registered inn's board of directors. I barely accept the appointment as registered | |
| 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 similar with, and accept the Originations of, section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature require | | | | | | 1. |
| 12. OFFICERS AND DIRECTORS 13. | | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 9 |
| TITLE | PD | | DELETE | 1.1 TITLE | Change Additi | on! |
| NAME . | VILMENAY, JAMES | _ | | 1.2 NAME | 500002691655 -11/19/9801074022 | ∋ [8 |
| STREET ADDRESS | 6512 NORTHWEST 186 STREET | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES FL 33015 | | | 1.4 CITY-ST-ZIP | ****150.00 ****150.00 | |
| NAME | VD FILIPPE, RICHAD | | DELETE | 2.2 NAME | Change Addition | n j |
| STREET ADDRESS | 6512 NORTHWEST 186 STREET | • | | 2.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP | MIAMI LAKES FL 33015 | | | 2.4 CITY-ST-ZIP | . 1984; 45 ² 4. | Ì |
| TITLE | | | DELETE . | 3.1 TITLE | Change Addition | חכ |
| NAME | | | | 3.2 NAME | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | _ |
| TITLE | | | DELETE | 4.1 TITLE | Change L Addition | xn |
| NAME | | | | 4.2 NAME | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | |
| TITLE | | | DELETE | 4.4 CiTY-ST-ZIP 5.1 TITLE | Change Addition | <u></u> |
| i ! | | | | - ' | | 1 |

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 shanged, or on an attachment with an address

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP.

6.4 CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

(305) 512-0023

Change

Addition

CR2E034 (5/98)



MEMO

To: Division of Corporations

From: Mr. James Vilmenay - Clippers Barber Shop

Subject: Annual Report Filing

Date: September 17, 1998

To whom it may concern.

Enclosed please find a check for the amount of \$150.00 for the Clippers annual report filing. I apologize for the delay on payment, due to the inconvenient that I shared the same mailing address with my neighbor and never received the first notification letter. I have contacted a representative from your corporation and he suggested me to enclose a letter explaining this situation. I am a first time business owner and I am getting familiar with rules, regulations and datelines established by your corporation. I appreciate your attention and understanding to this matter. May you have any questions, please contact me at (305) 512-0023 at your convenience.

Thank You.

Dictated but not read