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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

P97000085538 (1)

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27

NO CLOWN, INC.

Principal Place of Business										
2111 SW 98 TERRACE										
FT. LAUDERDALE FL 33324										

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

2111 SW 98 TERRACE FT. LAUDERDALE FL 33324

FILED Mar 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

10/02/1997

5. Certificate of Status Desired

6. Election Campaign Financing

23			28					Trust Fund Contribution Added to Fees						
Zip	Country Zip Cou			Country	у		8. This corporati	on owes or has			ır Intar	ngible	٦	
24	25		29	3	0				erty Tax due Ju		Yes		No	_
9, Name and Address of Current Registered Agent NEWILE DONALD C 81								10. Name and Ad	idress of New I	Registered A	gent			4
NEVILLE, RONALD C						Nai	me							ı
2111 SW 98 TERRACE						Stre	et Addre	ss (P.O. Box Numb	er is Not Accept	table)				┨
FT. LAUDERDALE FL 33324						<u> </u>							<u></u>	_
					83	i								
1					84	City	,				85	Zip Co	xde	1
										FL				╛
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 ar	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	Stonature, broad or printe	d name of registered agent i	and little if applicable	(NOTE F	Registered Apr	ent sing	atura requirer	d when reinslating)		DATE				
12.		OFFICERS AND I			13.			ADDITIONS/CH	IANGES TO OF		DIREC	TORS	IN 12	վԷ
TITLE	0			DELETE	1.1 TITLE	-					☐ Char	nge	Addition	7
NAME	NEVILLE, RON				1.2 NAME									3
STREET ADDRESS					1.3 STREET	T ADDRE	ss							18
CITY-ST-ZIP	ft. Lauderd	ALE FL 33324			1.4 CITY - S	ST-ZIP								18
TITLE				DELETE	2.1 TITLE						Char	iĝe	Addition	ন্ব
NAME					2.2 NAME									
STREET ADDRESS					2.3 STREET	ADDRE	ss							
CITY-ST-ZIP	<u> </u>				2.4 CITY-	ST-ZIP								╛
TITLE				DELETE	3.1 TITLE					•	Char	ige	Addition)
NAME					3.2 NAME									
STREET ADDRESS					3.3 STREET	T ADDRE	ss							
CITY-ST-ZIP					3.4. CITY-5	ST-ZIP	_							4
TITLE			L.	DELETE	4.1 TITLE		ŀ				L Char	ige		1
NAME					4. 2 NAME									
STREET ADDRESS					4.3 STREET	ADDRE:	SS							ľ
CITY-ST-ZIP				DE ETE	4.4 CITY - S	ST-ZIP					0		Addition	_
TITLE			L	DELETE	5.1 TITLE						Char	ige	Addition	1
NAME					5.2 NAME					•				
STREET ADDRESS					5.3 STREET	-	SS							1
CITY-ST-ZIP TITLE	<u>-</u>			DELETE	5.4 CITY-S 6.1 TITLE	ST-ZIP				· · · · · · · · · · · · · · · · · · ·	Char	000	Addition	+
			اسا	DEFETE	6.2 NAME		1					Re I	- Addition	
NAME Street Address					6.3 STREET	. ADDRES								
					1		20							
CITY-ST-ZIP	ertify that the inform	nation supplied with	this filing does r	not qualify for t	6.4 CITY-S		ated in S	Section 119.07(3)(i)	Florida Statutes	. I further cer	tify that	the in	formation	┨
indicated of officer or of	on this annual repo director of the corp	ort or supplemental a oration or the receiv yed, or on an attach	innual report is t er or trustee emp	rue and accura cowered to exe	ate and thi	at my	signature	e shali have the sam	e legal effect as	s if made und	ler oath	; that I	am an	