

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 021 ***550.00

DOCUMENT # **P98000013889**
Corporation Name
ROGER A. CLARK, P.A.



Principal Place of Business Mailing Address
27 EWING DR **2327 EWING DR**
NICE FL 34292 **VENICE FL 34292**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1432 POINCIANA RD.		2a. Mailing Address 26 1432 POINCIANA RD.		3. Date Incorporated or Qualified 02/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0818208	
City & State VENICE, FL.		City & State VENICE, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34293	Country USA	Zip 34293	Country USA	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 CLARK, ROGER A 2327 EWING DR VENICE FL 34292				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name CLARK, ROGER A.					
82 Street Address (P.O. Box Number is Not Acceptable) 1432 POINCIANA RD.					
83					
84 City VENICE				85 Zip Code 34293	

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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	<input type="checkbox"/> DELETE	1.1 TITLE	P	1.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		1.3 STREET ADDRESS	1432 POINCIANA RD.	1.4 CITY-ST-ZIP			
ET ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE		2.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP			
ET ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE		3.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP			
ET ADDRESS	<input type="checkbox"/> DELETE	4.1 TITLE		4.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP			
ET ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE		5.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
ET ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE		6.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			

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.

SIGNATURE: **ROGER A. CLARK** REQUIRED

9/12/99 **941-485-0021**

CR2E034 (5/99)