

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 NOV 30 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061762
1. Corporation Name
CLW Resources, Inc.

Principal Place of Business
219 S.W. 13th Ave.
Boynton Beach, FL
33435

Mailing Address
P.O. Box 588
Deerfield Beach, FL
33443

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
July 13th, 1998

4. FEI Number
65-0851985

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21. 219 S.W. 13th Ave
Suite, Apt. #, etc.
22. Boynton Beach, FL
City & State
23. 33435 USA
Zip Country
24. 33443 USA
25. 33443 USA
26. P.O. Box 588
27. Deerfield Beach, FL
28. 33443 USA
29. 33443 USA
30. 33443 USA

9. Name and Address of Current Registered Agent

Paul R. Golis
1200 North Federal Highway
Boca Raton, FL 33432

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Paul R. Golis, Registered Agent (Paul R. Golis) DATE November 4, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P, S, T
STREET ADDRESS Cara Lynn Wiggins
CITY-ST-ZIP 219 S.W. 13th Ave
Boynton Beach, FL 33435

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 900003068839--5
1.3 STREET ADDRESS -12/14/99--01020--014
1.4 CITY-ST-ZIP ****750.00 ****750.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REINSTATEMENT 99 IT

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: Cara Lynn Wiggins 6/16/99 561-369-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)