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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90180 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000072234

1. Corporation Name  
COLE AND CLARKE, INC.



Principal Place of Business  
811 N. 73 TERRACE  
HOLLYWOOD FL 33024

Mailing Address  
811 N. 73 TERRACE  
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/17/1998

4. FEI Number  
65-0856408

Applied For  
Not Applicable

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 8600 N.W. 47 CT  
Suite, Apt. #, etc.

2a. Mailing Address  
26 8600 N.W. 47 CT  
Suite, Apt. #, etc.

22 City & State  
23 LAUDERHILL FL

27 City & State  
28 LAUDERHILL FL

24 Zip 33351 25 Country U.S.A.

29 Zip 33351 30 Country U.S.A.

9. Name and Address of Current Registered Agent

COLE, BERNARD A  
811 N. 73 TERRACE  
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name CHRISTOPHER J. CLARKE  
82 Street Address (P.O. Box Number is Not Acceptable) 8600 N.W. 47 CT  
83  
84 City LAUDERHILL FL 85 Zip Code 33351

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 CHRISTOPHER J. CLARKE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE 4/29/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COLE, BERNARD A  
STREET ADDRESS 811 N. 73 TERRACE  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE D  
NAME CLARKE, CHRISTOPHER J  
STREET ADDRESS 8600 N. 47 COURT  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER J. CLARKE 4/29/99 954-444-5006

Date

Daytime Phone #

CR2E034 (1/98)

0143614