

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S35486**

(7)

1. Corporation Name

CL CONSULTING, INC.



Principal Place of Business

Mailing Address

**818 SE 4TH ST
SUITE 503
FT LAUDERDALE FL 33301
US**

**818 SE 4TH ST
SUITE 503
FT LAUDERDALE FL 33301
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/04/1991

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0246955

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

LAUSIER, CRAIG

**818 SE 4TH ST
SUITE 503**

FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

☐ DELETE

NAME

LAUSIER, JASON

STREET ADDRESS

818

CITY- ST- ZIP

FT LAUDERDALE FL

TITLE

S

☐ DELETE

NAME

LAUSIER, JULIETTE

STREET ADDRESS

818 SE 4TH STREET SUITE 503

CITY- ST- ZIP

FT. LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

LAUSIER, JASON

☐ Change ☒ Addition

1.2 NAME

818 SE 4TH STREET SUITE 503

1.3 STREET ADDRESS

FT. LAUDERDALE, FL 33301

1.4 CITY- ST- ZIP

FT. LAUDERDALE, FL 33301

2.1 TITLE

LAUSIER, JULIETTE

☐ Change ☒ Addition

2.2 NAME

818 SE 4TH STREET SUITE 503

2.3 STREET ADDRESS

FT. LAUDERDALE, FL 33301

2.4 CITY- ST- ZIP

FT. LAUDERDALE, FL 33301

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

CRAIG LAUSIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96 954-527-0777

Date

Daytime Phone #

CR2E034 (12/95)