

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 13 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 **4120 SABALLAKES RD DELRAY BEACH FL 33445**

2. Principal Place of Business 2a. Mailing Address
4120 SABALLAKES RD. **4120 SABALLAKES RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
21 **26**
City & State City & State
23 **28**
DELRAY BEACH, FL **DELRAY BEACH, FL**
Zip Country Zip Country
24 **25** **29** **30**
33445 **USA** **33445** **USA**

3. Date Incorporated or Qualified **03/04/1991** 3a. Date of Last Report **01/29/1996**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LAUSIER, CRAIG
818 SE 4TH ST
SUITE 503
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name **LAUSIER, CRAIG**
82 Street Address (P.O. Box Number is Not Acceptable) **4120 SABAL LAKES RD**
83
84 City **DELRAY BEACH** **FL** **85** Zip Code **33445**

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 **CRAIG LAUSIER** (NOTE: Registered Agent signature required when reinstating) **7-23-97** DATE

12. OFFICERS AND DIRECTORS
TITLE **V** ☒ DELETE
NAME **LAUSIER, JASON**
STREET ADDRESS **818 SE 4TH STREET, SUITE 503**
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
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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 ☒ Change ☐ Addition
1.2 NAME **P LAUSIER, CRAIG**
1.3 STREET ADDRESS **4120 SABAL LAKES ROAD**
1.4 CITY-ST-ZIP **DELRAY BEACH, FL 33445-45**
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 **200002270682**
4.3 STREET ADDRESS **-08/19/97-01011-003**
4.4 CITY-ST-ZIP ******165.00 ****165.00**
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

14. I do 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 as an attachment with an address.

CR2E034 (4/97)