

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90199 022 ***150.00

DOCUMENT # S62206

1. Corporation Name
CLAIRSON, INC.

Principal Place of Business

**4960 N. UNIVERSITY DR.
LAUDERHILL FL 33351**

US

Mailing Address

**4960 N. UNIVERSITY DR.
LAUDERHILL FL 33351**

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1991

4. FEI Number

65-0276877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 **2622 Carambola Cir N** 22 **2622 Carambola Cir N**

Suite, Apt. #, etc.

22

City & State

23 **Coconut Creek FL** 24 **Coconut Creek FL**

Zip

25 **33066** 26 **US**

Country

27

City & State

28 **Coconut Creek FL** 29 **Coconut Creek FL**

Zip

30 **33066** 31 **US**

Country

32

City & State

33 **Coconut Creek FL** 34 **Coconut Creek FL**

Zip

35 **33066** 36 **US**

Country

37

City & State

38 **Coconut Creek FL** 39 **Coconut Creek FL**

Zip

40 **33066** 41 **US**

Country

42

City & State

43 **Coconut Creek FL** 44 **Coconut Creek FL**

Zip

45 **33066** 46 **US**

Country

47

City & State

48 **Coconut Creek FL** 49 **Coconut Creek FL**

Zip

50 **33066** 51 **US**

Country

52

City & State

53 **Coconut Creek FL** 54 **Coconut Creek FL**

Zip

55 **33066** 56 **US**

Country

57

City & State

58 **Coconut Creek FL** 59 **Coconut Creek FL**

Zip

60 **33066** 61 **US**

Country

62

City & State

63 **Coconut Creek FL** 64 **Coconut Creek FL**

Zip

65 **33066** 66 **US**

Country

9. Name and Address of Current Registered Agent

**SILVESTRI, SONORA
2622 CARAMBOLA CIR., N.
COCONUT CREEK FL 33066**

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 **P** ☐ DELETE

NAME **SILVESTRI, SONORA**
STREET ADDRESS **2622 CARAMBOLA CIRCLE N**
CITY-ST-ZIP **COCONUT CREEK 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

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E034 (11/98)