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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

119 SATINWEED LANE PALM BEACH GARDENS FL 33410



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S70634

(8)

Mailing Address

119 SATINWEED LANE

PALM BEACH GARDENS FL 33410

CLASTER AND COMPANY, INC.

					3. Date Incorporated or Qualified 08/05/1991		
2. Principal Place of Business 2a. Mailing			iling Address		4. FEI Number	Ar	oplied For
21		26		an	65-0277674		ot Applicable
Suite, A	Apt #, etc	Suite, Apt. #, etc	:		5. Certificate of Status Desired	□ \$8.75 / Fee Re	Additional equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		
Zip	Country	Zip	Counti	'y	8. This corporation has liability for	intangible tax under s	. 199.032,
24	25	29	30		1 '	Yes No	
<u> </u>	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
	/EIL, MICHELLE		8				
9 WYNDHAM LN BARCLAY CLUB - PGA NATIONAL				82 Street Address (P.O. Box Number is Not Acceptable)			
P	ALM BCH GDNS FL 33418		8:	3			
			8	4 City		FL 85 Zip	Code
office	ant to the provisions of Sections 607.05 or registered agent, or both, in the Sta t. I am familiar with, and accept the obt	te of Florida. Such change :	was authorized b	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing it of the appointment as	is registered registered
SIGNATU	RE: Signature, typod or printed name of registered a	igent and title if applicable.	(NOTE: Registered A	gent signature req	uired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	3S IN 12
TITLE	D	VZ. DELET	E 1.1 TITUE			Change	Addition
NAME	CLASTER, ANDREA LEIGH	<i>~</i>	1.2 NAMI			• '	
STREET ADOR	AN TARIFFOU LARIE M	•	: 1.3 STRE	ET ADDRESS			
CITY - ST - ZIP	MECTON OT		1.4 CiTY	-SY-ZIP		Λ.	
THLE	D	DELET	E 2.1 TITLE			Z) Change	Addition
NAME	GREENSPAN, ANDREA C		2.2 NAMI				
STREET ADOR	AAA CATIKEEEEE LAKE			ET ADDRESS	19 Satinwood Lan	Ն .	
CHTY - ST - ZIP	DALAL DEACH CARDENC EL		2. 4 CITY	1	, , , , , , , , , , , , , , , , , , , ,		
TILE	TALK OF OTT WEIGHT 12	DELET				. Change	Addition
NAME			3.2 NAM				
	ere.			ET ADDRESS			1
STREET ADDR							
CITY - ST - ZIP		DELET	3.4. CITY E 4.1 TITLE			☐ Change	Addition
TILE		C PETE	4.2 NAM				
NAME				1			
STREET ADDR				ET ADDRESS			
CITY - ST - ZIP		DELET	4.4 CITY			Change	Addition
TITLE		L DELET		1		டு வளிச	FT VARIENT
NAME			5.2 NAM				
STREET ADDR				ET ADDRESS			
CITY - ST - ZIP		Clarier	5.4 CITY			Change	Addition
TI*LE		☐ DELET		l l		☐ Change	LT MODITION
NAME			6.2 NAM	E			
STREET ADOR	RESS		6.3 STRE	ET ADDRESS			
CHY-ST-ZIP			6.4 CITY				
inform Lam	nation indicated on this annual report o	ir supplemental annual repo or the receiver or trustee er	ort is true and ac mpowered to ex	curate and th	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made un	ider oain; that

FILED Apr 22 1997 8:00am Secretary of State

561-694-1547

