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

PROFIT CORPORATION ANNUAL REPORT

1997

The state of the s

THE PROPERTY OF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87667

(9)

F CLEF ENTERPRISES, INC.

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FILED

Apr 14 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address							
1499 SW 5TH		1499 SW 5TH AVE.					
BOCA RATON		BOCA RATON FL 33432-71	46		<u> </u>		
6*						Ta Durit	
and the second					3. Date Incorporated or Qualified 10/16/1991	3a. Date of 04/22/19	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0290292		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$!	5.00 May Be
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Z(p	Count	гу	8. This corporation has liability for i		
24	25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
	9. Name and Address of Current	Hegistered Agent		1 Name	10. Name and Address of New Re	listered Walle	`
	SER, THOMAS C.		ľ	INAME			
	BERACASA WAY		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	TE 201		8	4		<u> </u>	
BOCA RATON FL 33433			ľ	~ [
			8	4 City		FL 85	Zip Code
dd Digouont 6	to the provisions of Sections 607 0503	and 607 1608 Etorida Statut	es the sho	ve-named corr	poration submits this statement for the p	urnose of chan	ging its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized	by the corpora	tion's board of directors. I hereby accep	t the appointm	ent as registered
agent. I a	m tamiliar with, and accept the obliga	tions of, Section 607.0505, Fix	orioa Statut	es.		•	
SIGNATURE	Signature, typed or printed name of registered agor	and title if applicable (NOT)	Fr Bogistored A	ant signature requi	red when reinslating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	D	☐ DELETE	1.17111			□ c	hange
NAME	f e lisian, robert W.		1.2 NAM	E			
STREET ADDRESS	1499 SW 5TH AVE.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	- \$1 - ZIP			
TITLE	D	L_ DELETE	2.1 TITLE			□ c	hange L Addition
NAME	FELISIAN, BEVERLY		2.2 NAM				
STREET ADDRESS	1499 SW 5TH AVE.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	05,616		'- ST- ZIP			hange Addition
TITLE		☐ DEFFEE	3.1 1(1).6			□ c	nange L Aconton
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			ĺ
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE	'- \$1-ZIP		Пс	hange Addition
TITLE NAME		בן אנינונ	4.1 MAN			<u>.</u> .	الإسلامات سي
1				ET ADDRESS			İ
STREET ADDRESS				-SI-ZIP			-
TITLE		DELETE	5.1 TITLE			□ c	hange Addition
NAME			5.2 NAM				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP	i		5.4 CITY				
TITLE		DELETE	6.1 TITLE			□ C	hange Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 S1RE	ET ADDRESS			
OITY-ST-ZIP			6.4 CHY				
14 I do beret	by certify that the Information supplied	with this filing does not quality	fy for the ex	xemption state	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further certif	fy that the
I em en oi	flicer or director of the corporation or	the receiver or trustee empow	ered to exi	ecute this repo	rt as required by Chapter 607, Florida S	tatutes; and the	at my name
appears i	n Block 12 or Block 13 if changed, or	on an attachment with an add	dress.				İ