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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S96049** (9)

1. Corporation Name
CLN & COMPANY, INC.

Principal Place of Business
**P O BOX 547841
ORLANDO FL 32854-4841**

Mailing Address
**P O BOX 547841
ORLANDO FL 32854-4841**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1991** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-3098435** 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 is presently in compliance with Florida Statutes, Chapter 607, Florida Statutes. Yes No

21. Principal Place of Business	22. Mailing Address
22. Suite Apt # etc	27. Suite Apt # etc
23. City & State	28. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent

**WARLICK, THOMAS H.
14 E. WASHINGTON ST.
SUITE 500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0105 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 signed with this report for the purposes of Section 607.0105, Florida Statutes.

SIGNATURE

Signature of the current registered agent (if applicable)

Signature of the new registered agent (if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D WARLICK, THOMAS H. 14 E. WASHINGTON ST.#500 ORLANDO FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	DREBENSTEDT, ANNE 14 E. WASHINGTON ST.#500 ORLANDO FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. The undersigned hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0105(b), Florida Statutes. I further certify that the information indicated in 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 of this filing prepared or on an attached form with an address.

SIGNATURE: *Anne Drebenstedt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anne Drebenstedt - President

4/24/95