

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

200-5

DOCUMENT # **V00442** (6)
1. Corporation Name
CLOVER PROPERTIES, INC.



Principal Place of Business: P.O. BOX 89 ALBERTSON NY 11507
Mailing Address: P.O. BOX 89 ALBERTSON NY 11507

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/16/1991	04/10/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23. City & State	28. City & State	59-3097229	
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
		<input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREUS VAUGHN & ASSOCIATES, INC. P.A. 501 S. BLVD. TAMPA FL 33606	81. Name	10. Name and Address of New Registered Agent	
	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: *Roberta Zipper*
Signature, by the proprietor or partner, or transferee, as applicable. (NOTE: Registered Agent signature required when resigning.)
Date: 4-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPPER, ROBERTA	1.2 NAME	
STREET ADDRESS	48 CLOVER LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROSLYN HEIGHTS NY	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPPER, ROBERTA	2.2 NAME	
STREET ADDRESS	48 CLOVERLAND	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROSLYN HIGHTS N.	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Roberta Zipper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-1-96 516-621-8389

CR2E034 (12/95)