

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED Apr 02 1997 8:00am Secretary of State

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 11507-0089

3. Date Incorporated or Qualified 12/16/1991 3a. Date of Last Report 04/15/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

4. FEI Number 59-3097220 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PREUS VAUGHN & ASSOCIATES, INC. P.A. 501 S. BLVD. TAMPA FL 33608

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 Robert Zipper DATE 3-11-97 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 DP ZIPPER, ROBERTA 48 CLOVER LANE ROSLYN HEIGHTS NY DELETED 12.2 ST ZIPPER, ROBERTA 48 CLOVERLAND ROSLYN HGHTS N. DELETED

13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ST 2.2 NAME ZIPPER, ROBERTA 2.3 STREET ADDRESS 48 CLOVER LANE 2.4 CITY-ST-ZIP ROSLYN HEIGHTS N.Y. 11577

14. I do 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.

SIGNATURE: Robert Zipper, Roberta Zipper DATE 3-11-97 DAYTON'S FILING # 56-621-1389

CR2E034 (9/96)