

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
CORPORATIONS
05 MAY 31 AM 8:31

DOCUMENT # **V18644 (7)**
1. Corporation Name
CLEAR SHINE, INC.

Principal Place of Business Mailing Address
**1129 CULVER RD.
ORLANDO FL 32825** **PO BOX 677421 NA
ORLANDO FL 32867
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/02/1992** 3a. Date of Last Report **08/17/1994**

4. FEI Number **59-3095043** 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

2. Principal Place of Business 2a. Mailing Address
21 **9151 TELFER RUN** 26
Suite, Apt #, etc. Suite, Apt #, etc.
22
City & State 27
ORLANDO, FL 28
City & State
24 **32817** 25 **ORANGE** 29
Zip Country Zip Country 30

9. Name and Address of Current Registered Agent

**PLUDE, STEPHEN
9151 TELFER RUN
ORLANDO FL 32817**

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

Signature, typed or printed name of registered agent and then if applicable

(P.O. Box Number is Not Acceptable) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | MISHLER, RONALD J. |
| STREET ADDRESS | 7468 WAYLAND BLVD. |
| CITY, ST, ZIP | ORLANDO FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | JENN L PLUDE |
| 13 STREET ADDRESS | 9151 TELFER RUN |
| 14 CITY, ST, ZIP | ORLANDO, FL, 32817 |
| 21 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | STEPHEN PLUDE |
| 23 STREET ADDRESS | 9151 TELFER RUN |
| 24 CITY, ST, ZIP | ORLANDO, FL, 32817 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN PLUDE

5-19-94 (907) 678-1289
Date Signature/Phone #