

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33121 (7)

1. Corporation Name:

CLW REALTY GROUP, INC.

Principal Place of Business:

**111 MADISON STREET
SUITE 2410
TAMPA FL 33602**

Mailing Address:

**111 MADISON STREET
SUITE 2410
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified:

05/01/1992

3a. Date of Last Report:

02/23/1994

4. FET Number:

59-3123278

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:

21

Suite, Apt. #, etc.

22

City & State:

23

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State:

28

Zip:

29

City:

30

State:

9. Name and Address of Current Registered Agent

**LAUER, F. BRUCE
111 MADISON STREET
SUITE 2410
TAMPA FL 33602**

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 145 and 146 and part 190A, 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 Sections 197.03(1), Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

**D
CLARK, PETER B.
1631 GULF BLVD. #14
CLEARWATER FL**

12.4 NAME

12.5 STREET ADDRESS

12.6 CITY & STATE

**D
LAUER, F. BRUCE
3246 CR 102
SAFETY HARBOR FL**

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY & STATE

**D
VARSAMES, LOUIS J.
2627 SUNSET DR. WEST
TAMPA FL**

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY & STATE

**D
WILKINS, WILLIAM B.
2152 CROSS CREEK WAY
DUNEDIN FL**

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY & STATE

**D
GARVEY, JAMES P.
476 BOSPHOROUS ST.
TAMPA FL**

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 CITY & STATE

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY & STATE

13.8 CITY & STATE

13.9 NAME

13.10 STREET ADDRESS

13.11 CITY & STATE

13.12 CITY & STATE

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY & STATE

13.16 CITY & STATE

13.17 NAME

13.18 STREET ADDRESS

13.19 CITY & STATE

13.20 CITY & STATE

13.21 NAME

13.22 STREET ADDRESS

13.23 CITY & STATE

13.24 CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial report is true and correct 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 registered or trusted incorporator to maintain this report as required by Chapter 197, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I am attached with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

4/28/95

813-287-8808