	IF ON OR BEFORE 09/40/98: \$550 (IF DI			5.	
COR ANNU	PROFIT RPORATION JAL REPORT	Sandra B	RTMENT OF STATE Mortham ry of State CORPORATIONS	FILED	17
DOCU	MENT # V6220	\ \(\frac{7}{1} \)		98 JUL 24 PM 12: 0	
1. Corporatio		, (1)		SELAR PART OF STATE TALLAHASSEE, FLORIDA	
THE CL	OCK MAN, INC.				
Principal Place of Business Malling Address				A TREAT STREET STREET STREET STREET STREET	AIDIT BIBIS BIBIS BEBIS ASBU 1881)
1851 FRANWOOD DRIVE DELRAY BEACH FL 33445 4551 FRANWOOD DRIVE DELRAY BEACH FL 33445				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/04/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0357216	Not Applicable
Sune, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
4	25 9. Name and Address of Curre	nt Pagistared Apont	30	Personal Property Tex due June 30. 10. Name and Address of New Registered	Yes No
GAL	ABLE, JERRY W.	III vefistaten Wheiit	81 Name	IV. Name and Address of Row Registerer	Agent
	1 FRANWOOD DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
DEL	RAY BE ACH FL 33445			- Constant of the Property	
			83		
			84 City	FI	85 Zip Code
office or	t to the provisions of sections 607.050 registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by the corporati	oration submits this statement for the purpose of cion's board of directors. I hereby accept the appo	hanging its registered Intment as registered
SIGNATURE					
12.	Signalure, typed or printed name of registered ago	ont and title if applicable (NO ND DIRECTORS	TE Registered Agent signature req	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
ITLE	P ·	DELETE	1.1 TITLE	ADDITIONATION AND THE PROPERTY OF THE PROPERTY	Change Addition
NAME	GAMBLE, JERRY W.		1.2 NAME	70000260:	,
STREET ADDRESS	4551 FRANWOOD DR.	\(\)	1.3 STREET ADDRESS	07/29/98	-01081~-003
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP 2.1 TITLE	****150.00	
NAME	GAMBLE, JEAN J.	DELETE	2.2 NAME		Change Addition
STREET ADORESS	4551 FRANWOOD DR.		2:3 STREET ADDRESS		
CITY-ST-ZIP	DELINAY BEACH FL		2.4 CITY-ST-ZIP		and the second s
ITLE	,	DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	1		3.2 NAME 3.3 STREET ADDRESS		
OTY-ST-ZIP] }		3.4 CITY-ST-ZIP		
ITLE		DELETE	4.1 TITLE		Change Addition
IAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		L_ Change L Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
IAME	· ·		6.2 NAME		155/1190
TREET ADDRESS	,		6.3 STREET ADDRESS		אומי

14. I 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:

561- VI99-7716