

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000064077

**Entity Name:** DON CLARKE ENTERPRISES, INC.

**Current Principal Place of Business:**

1641 N 71 TERRACE  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

1641 N 71 TERRACE  
HOLLYWOOD, FL 33024

**FEI Number:** 65-0935277

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, CAROL L  
2260 NW 183 ST  
MIAMI, FL 33056 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name CLARKE, DONALD F  
Address 395 NW 154 ST  
City-State-Zip: MIAMI FL 33162

Title D  
Name CLARKE, HELGA  
Address 395 NE 154 ST  
City-State-Zip: MIAMI FL 33162

Title D  
Name CLARKE, DONALD JR  
Address 395 NE 154 ST  
City-State-Zip: MIAMI FL 33162

Title VP  
Name CLARKE, DWIGHT O  
Address 395 NE 154 ST  
City-State-Zip: MIAMI FL 33162

Title VP  
Name CLARKE, SIMONE  
Address 395 NE 154 ST  
City-State-Zip: MIAMI FL 33162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD CLARKE**

**PRESIDENT**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date