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Mar 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000678

1. Corporation Name
COMPUTER-ASSISTED LEADERSHIP INC.



Principal Place of Business 1121 CRANDON BLVD., #D-906 KEY BISCAVNE FL 33149	Mailing Address 1121 CRANDON BLVD., #D-906 KEY BISCAVNE FL 33149
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/10/1997

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 65-0720689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LIVINGSTON, J STERLING
 1121 CRANDON BLVD., #D-906
 KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent

81 Name *J. Sterling Livingston*
 82 Street Address (P.O. Box Number is Not Acceptable)
1121 CRANDON BLVD - D-906
 83
 84 City *Key Biscayne* FL 85 Zip Code *33149*

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 *J. Sterling Livingston* **President** DATE **3/11/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DS	<input type="checkbox"/>
NAME	LIVINGSTON, RUTH E	
STREET ADDRESS	1121 CRANDON BLVD., #D-906	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	DP	<input type="checkbox"/>
NAME	LIVINGSTON, J STERLING	
STREET ADDRESS	1121 CRANDON BLVD., #D-906	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/>
NAME	LIVINGSTON, MATTHEW S	
STREET ADDRESS	7918 JONES BRANCH DR., #800	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	D	<input type="checkbox"/>
NAME	LIVINGSTON, STERLING C	
STREET ADDRESS	7918 JONES BRANCH DR., #800	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *J. Sterling Livingston* 4/5/99 (305) 361-3928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)