

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90065 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N99000000 444

1. Corporation Name
PROCLAIM INTERNATIONAL, INC.

Principal Place of Business <u>NW 2ND AVE</u> <u>2200 BOCA RATON BLVD</u> <u>BOCA RATON, FLORIDA 33431</u>	Mailing Address
---	-----------------

2. Principal Place of Business 21 <u>2200 BOCA RATON BLVD</u> Suite, Apt. #, etc. 22 <u>SUITE 213</u> City & State 23 <u>BOCA RATON, FLORIDA</u> Zip 24 <u>33431</u>	2a. Mailing Address 26 <u>2200 NW 2ND AVE</u> Suite, Apt. #, etc. 27 <u>SUITE 213</u> City & State 28 <u>BOCA RATON, FLORIDA</u> Zip 29 <u>33431</u>	3. Date Incorporated or Qualified <u>OCTOBER 12, 1998</u> 4. FEI Number <u>65-0894882</u> 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
---	---	---

9. Name and Address of Current Registered Agent <u>JOHN BUERER</u> <u>159 NW 70TH ST #416</u> <u>BOCA RATON, FLORIDA 33487</u>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>PRESIDENT</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D JOHN M. BUERER</u>	1.2 NAME	
STREET ADDRESS	<u>159 NW 70TH ST #416</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>BOCA RATON, FLORIDA 33487</u>	1.4 CITY-ST-ZIP	
TITLE	<u>VICE-PRESIDENT</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D TERRY THOMPSON</u>	2.2 NAME	
STREET ADDRESS	<u>1730 SW 22 AVE</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>FORT LAUDERDALE, FLORIDA 33312</u>	2.4 CITY-ST-ZIP	
TITLE	<u>SECRETARY</u> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D CAROL THOMPSON</u>	3.2 NAME	
STREET ADDRESS	<u>1730 SW 22ND AVE</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>FORT LAUDERDALE, FLORIDA 33312</u>	3.4 CITY-ST-ZIP	
TITLE	<u>TREASURER</u> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D ANNABEL M. BUERER</u>	4.2 NAME	
STREET ADDRESS	<u>159 NW 70TH ST #416</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>BOCA RATON, FLORIDA 33487</u>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 617, 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: John Buerer JOHN BUERER 2/25/99 (661) 394-9808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)