

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-23-1999 90051 026 \*\*\*\*150.00

**DOCUMENT # P98000056374**

1. Corporation Name  
**CLEARPOINT SOLUTIONS, INC.**



Principal Place of Business      Mailing Address  
**194-26TH AVENUE NORTH**      **194-26TH AVENUE NORTH**  
**ST PETERSBURG FL 33704**      **ST PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

3. Date Incorporated or Qualified  
**06/24/1998**  
 4. FEI Number      Applied For  
**59-3518523**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75** Additional Fee Required  
 6. Election Campaign Financing            **\$5.00** May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

9. Name and Address of Current Registered Agent  
**TALLEY, JOANN R**  
**194-26TH AVENUE NORTH**  
**ST PETERSBURG FL 33704**

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

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	TALLEY, WILLIAM M
STREET ADDRESS	194-26TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	D <input type="checkbox"/> DELETE
NAME	TALLEY, JOANN R
STREET ADDRESS	194-26TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHULZ, JOANN R
STREET ADDRESS	234-25TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 as an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/6/99 DAYTIME PHONE #: 727-896-0082

CR2E034 (1/98)