

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F9700000678**
1. Corporation Name
Computer-Assisted Leadership Inc.

Principal Place of Business Mailing Address
**1121 Crandon Blvd #906
Key Biscayne, FL 33149**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
02-10-97

2. Principal Place of Business 2a. Mailing Address
21 **1121 Crandon Blvd** 26 **1121 Crandon Blvd**
22 **D906** 27 **D906**
23 **Key Biscayne, FL** 28 **Key Biscayne FL**
24 **33149** 25 **Dade** 29 **33149** 30 **Dade**

4. FEI Number **65-0720689** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
**CTI Corporation System Inc.
1200 South Pine Island Road
Plantation, FL 33324**

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 **4/14/98**

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE	DVP President
NAME	J Sterling Livingston
STREET ADDRESS	1121 Crandon Blvd #D906
CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE <input type="checkbox"/> DELETE	D/S
NAME	Ruth E Livingston
STREET ADDRESS	1121 Crandon Blvd #D906
CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE <input type="checkbox"/> DELETE	D
NAME	Matthew S Livingston
STREET ADDRESS	7918 Jones Brandh Dr #800
CITY-ST-ZIP	McLean, VA 22102
TITLE <input type="checkbox"/> DELETE	D
NAME	Sterling C Livingston
STREET ADDRESS	7918 Jones Brandh Dr #800
CITY-ST-ZIP	McLean, Va 22102
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	80000249378
52 NAME	-04/20/98--01069--019
53 STREET ADDRESS	***150.00
54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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. 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: *J Sterling Livingston* **PRESIDENT** DATE **4/14/98** (305) 361-3926

CR2E034 (10/97)

4-20
JA