

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90047 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 BISCAAYNE FL 33149	Mailing Address 1121 CRANDON BLVD., #D-906 KEY BISCAAYNE 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 <b>65-0720689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 BISCAAYNE 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

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

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)(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)