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

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # J19163

1. Corporation Name

CLM/SYSTEMS, INC.

Principal Place of Business

~~4805 W. LAUREL ST.~~
~~#300~~
~~TAMPA FL 33609~~
~~US~~

Mailing Address

~~4805 W. LAUREL ST.~~
~~#300~~
~~TAMPA FL 33609~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/11/1986

2. Principal Place of Business	2a. Mailing Address
21 3821 N. OAK Dr	26
22 Suite, Apt. #, etc. J-11	27 Suite, Apt. #, etc. Same
23 City & State Tampa, FL	28 City & State
24 Zip 33611 25 Country US	29 Zip 30 Country

4. FEI Number
04-2444886

Applied For

Not Applicable

5. Certifcate 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

FREEDMAN, MICHAEL J.
300 E. MADISON STREET, 2ND FLOOR
TAMPA FL 33602

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 _____

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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, CHARLES L.		1.2 NAME		
STREET ADDRESS	3821 N OAK DR, J11		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROBERTA P.		2.2 NAME		
STREET ADDRESS	3821 N OAK DR, J11		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

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