

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

FILED
May 05 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 # **M58151**
 1. Corporation Name
CLM SOLUTIONS, INC.

Principal Place of Business Mailing Address
2840 Stirling Rd. Suite I Hollywood, FL 33020 **2840 Stirling Road Suite I Hollywood, FL 33020**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt #, etc
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
8/28/87

4. FEI Number
65-0016303 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

10. Name and Address of New Registered Agent
 81 Name **Ronald J. Marlowe**
 82 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.
 83 **Suite 880**
 84 City **Miami** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0532 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE  **RONALD J. MARLOWE** **4/29/98**
Signature of principal officer or director, if applicable (NEED Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> DELETE
NAME	Ronald J. Marlowe
STREET ADDRESS	2840 Stirling Rd., Ste. I
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2840 Stirling Rd, Ste I
14 CITY-ST-ZIP	Hollywood, FL 33020
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
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	700002512557
64 CITY-ST-ZIP	-05/06/98--01014--005 ***150.00

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 supplied on this 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 from an alternate mailing address.

SIGNATURE:  **RONALD J. MARLOWE** **4/29/98** **305-373-9977**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)