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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001506					
1. Corporation Name THE CLIO FOUNDATION, INC.					
Principal Place of Business 6061 SECOND ST. E. #42 ST PETERSBURG BEACH FL 33706			Mailing Address P.O. BOX 5110 GULFPORT FL 33737		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/29/1995 4. FEI Number 59-3316655 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DAVIS, ANN 6061 SECOND ST E #42 ST PETERSBURG BEACH FL 33706			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 617.0502 and 617.1508, 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 617.0503, 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 SD NAME BUCKLEY, JANET STREET ADDRESS 3325 BAY SHORE BLVD., #A-34 CITY-ST-ZIP TAMPA FL 33629			1.1 TITLE 1.2 NAME D BUCKLEY, JANET 1.3 STREET ADDRESS 2824 W NORTH A ST. 1.4 CITY-ST-ZIP TAMPA, FL. 33609		
TITLE TD NAME FINEGAN, PATRICIA STREET ADDRESS 6061 SECOND ST. E., #32 CITY-ST-ZIP ST. PETE BEACH FL 33706			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D NAME NEAL, SUNNY STREET ADDRESS 2001 BEACH DR. S.E. CITY-ST-ZIP ST PETERSBURG FL 33705			3.1 TITLE SD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE D 4.2 NAME TERESA ALBANESE 4.3 STREET ADDRESS 3526 BOCA CIEGA DR., N. 4.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33710		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE D 5.2 NAME CLAUDIA A. COLE 5.3 STREET ADDRESS P.O. Box 5194 5.4 CITY-ST-ZIP GULFPORT, FL. 33737		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE REQUIRED ANN C. DAVIS

3/25/99

727-367-5760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)