Mar 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047485 1. Corporation Name

CLISTOMIZED SERVICES MANAGEMENT, INC.

| Principal Place | of Business | Mailing Address | | i the line to the country of the cou | | |
|--|--|---|-----------------------------------|--|----------------------------------|---|
| | | 1316 EPPINGER DR PORT CHARLOTTE FL 33953 US | | DO NOT WRITE IN THE | \$ SPACE | |
| us | | 03 | | 3. Date Incorporated or Qualifed 06/29/1993 | | |
| _ ` | ace of Business | 2a. Mailing Address | | 4. FEI Number 65-0422368 | | Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A Fee Rec | |
| City & State |) | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 i | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year In | ntangible | |
| 24 | 25 | 29 3 | 0 | Personal Property Tax. | | ĽNo No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered | I Agent | |
| | | | 81 Name | | | 1 |
| MINDLING, GEORGE G 1316 EPPINGER DR | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| PORT CHARLOTTE FL 33953 | | | 83 | | | |
| | | | 84 City | FI | | i |
| l office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was auti | norized by the corporation | poration submits this statement for the purpose on's board of directors. I hereby accept the appu | of changing its continent as reg | registered gistered |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE: R | egistered Agent signature require | ed when reinstating) DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | Change | ☐ Addition [|
| NAME | MINDLING, GEORGE G | | 1.2 NAME | | | |
| STREET ADDRESS | 1316 EPPINGER DR | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change | Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | - |
| CITY-ST-ZIP | | _ | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | Ì |
| 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 | 6-18-18-4 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change | Addition (|
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | <u></u> | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change | Addition |
| NAME | | | 6.2 NAME | | | |

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS