

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

FILED
Apr 20 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 # P95000039265 (0)

1. Corporation Name
CLOZ-IT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3557 LALANI BLVD. SARASOTA FL 34232		Mailing Address 3557 LALANI BLVD. SARASOTA FL 34232	
2. Principal Place of Business 21 4610 Ardale St. Suite, Apt. #, etc.		2a. Mailing Address 26 4610 Ardale St. Suite, Apt. #, etc.	
22 City & State 23 Sarasota, FL 24 Zip 34232 Country USA		27 City & State 28 Sarasota, FL 29 Zip 34232 Country USA	
3. Date Incorporated or Qualified 05/17/1995		4. FEI Number 59-3318205	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SWARTZ, PATRICIA A 3557 LALANI BLVD. SARASOTA FL 34232		10. Name and Address of New Registered Agent 81 Name SWARTZ, PATRICIA A. 82 Street Address (P.O. Box Number is Not Acceptable) 4610 Ardale St. 83 84 City Sarasota FL 85 Zip Code 34232	
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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 Patricia A. Swartz PATRICIA A. SWARTZ DATE 4/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, PATRICIA A	1.2 NAME	
STREET ADDRESS	3557 LALANI BLVD.	1.3 STREET ADDRESS	4610 Ardale St.
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, THOMAS H	2.2 NAME	
STREET ADDRESS	3557 LALANI BLVD.	2.3 STREET ADDRESS	4610 Ardale St.
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE Patricia A. Swartz PATRICIA A. SWARTZ DATE 4/14/98 941-371-6760

CR2E034 (10/97)