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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP TITLE

TITLE

NAME

NAME

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000013359 (0)

CLEAR COMPUTING SYSTEMS, INC.

Principal Place of Business Mailing Address 1186 CAMEL:UA CIRCLE 1186 CAMEL:LIA CIRCLE FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326-3609 3. Date Incorporated or Qualified 3a. Date of Last Report 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-064556 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Ad itiona 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name D:AGOSTINO, BONNIE Ł 1186 CAMELLIA CIRCLE **B2** Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33326 83 84 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: Rog stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change TITLE 1.1 TITLE D'AGOSTINO, BONNIE L NAME 1.2 NAME 1186 CAMELLIA CIRCLE 1.3 STHEET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33326 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TATLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY - ST - ZIP CITY-ST-ZIP I do 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 eath; 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.

3.4. CITY- \$1 - ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - S1 - ZIP

4.1 TITLE

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

954-349-1207

Change

Change

Change

Addition

Addition

Addition

FILED

Jun 18 1997 8:00am

Secretary of State