

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90072 030 ***158.75

DOCUMENT # P97000002695

1. Corporation Name

CLARK COMPUTER CONSULTING, INC.



Principal Place of Business

509 SOUTH C STREET
LAKE WORTH FL 33460

Mailing Address

509 SOUTH C STREET
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5630 Bermuda Dunes Cir.

2a. Mailing Address

26 5630 Bermuda Dunes Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Lake Worth FL

27 City & State

28 Lake Worth FL

Zip

Country

24 33463 25 Palm Beach

Zip

Country

29 33463 30 Palm Beach

9. Name and Address of Current Registered Agent

CLARK, KEVIN B
509 SOUTH C STREET
LAKE WORTH FL 33460

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

65-0748789

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

X No

10. Name and Address of New Registered Agent

81 Name

Kevin B Clark

82 Street Address (P.O. Box Number is Not Acceptable)

5630 Bermuda Dunes Cir.

83

84 City

Lake Worth

FL

85 Zip Code

33463

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.

Kevin B Clark, President

4-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CLARK, KEVIN B
STREET ADDRESS 509 SOUTH C STREET
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres
1.2 NAME Kevin B Clark
1.3 STREET ADDRESS 5630 Bermuda Dunes Cir.
1.4 CITY-ST-ZIP Lk. Worth FL 33463

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin B Clark, Pres.

4-20-99

Date

561-649-0022

Daytime Phone #

CR2E034 (11/98)