

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

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000024024
1. Corporation Name:
CLQ INCORPORATED

Principal Place of Business:
8105 Waterway Dr
Tampa, FL 33635

Mailing Address:

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:
3/11/97

4. FEI Number:
Applied For
Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
Carla Quiles
8105 Waterway Dr.
Tampa, FL 33635

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number)
83 City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS:
11 TITLE: PRESIDENT
12 NAME: CARLA QUILES
13 STREET ADDRESS: 8105 WATERWAY DR
14 CITY-STATE-ZIP: TAMPA, FL 33635
21 TITLE: VICE PRESIDENT
22 NAME: LOUIS QUILES
23 STREET ADDRESS: 8105 WATERWAY DR
24 CITY-STATE-ZIP: TAMPA, FL 33635

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 owner 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 of this report, or in the supplemental report with an address.

SIGNATURE: _____ DATE: 5/28/98 (813) 262-2410

CR2E034 (10/97)