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FILED
Apr 29 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 # P97000048563

1. Corporation Name
CLI INTERNATIONAL, INC.

Principal Place of Business
557 N. HORSESHOE RD
ST AUGUSTINE, FL
32095

Mailing Address
3501 N. PONCE DE LEON
SUITE 350
ST. AUGUSTINE, FL
32095
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/1/97

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-345-2762
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 | Country 25

Zip 29 | Country 30

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

RICHARD N. JAMES
557 N. HORSESHOE ROAD
ST AUGUSTINE, FL 32095

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD N. JAMES	1.2 NAME	
STREET ADDRESS	557 N. HORSESHOE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY FRIESL	2.2 NAME	
STREET ADDRESS	185 BLUE HERON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GEORGIA 30004	2.4 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Chad James	3.2 NAME	
STREET ADDRESS	557 N. Horseshoe Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	St Augustine, FL 32095	3.4 CITY-ST-ZIP	
TITLE	SEC/TREAS. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEBRA W. JAMES	4.2 NAME	
STREET ADDRESS	557 N. HORSESHOE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	45 4:29
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	900002505119 -04/29/98--01059--004 ***150.00
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: Richard N. James 4/21/98 904-824-6638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)