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*CORPORATION ANNUAL REPORT

1998

C.L.M. EXPRESS SERVICES, INC.

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jun 02 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 6125 ARCADE COURT 6125 ARCADE COURT WEST PALM BEACH FL 33463 WEST PALM BEACH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6125 AR CAde COURT 26 Not Applicable Dame Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLEUS, CANTAVE 6125 ARCADE COURT 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33463** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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, typeof or panted name of registered ago of und title if applicable (NOTE Registered Agent signature required when reinstating) (10/9/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE NAME COLEUS, CANTAVE 1.2 NAME CR2E034 STREET ADDRESS **6125 ARCADE COURT** 1.3 STREET ADDRESS WEST PALM BEACH FL 33463 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE **COLEUS. LUMENES** 2.2 NAME NAME 4897 ANDROS DRIVE 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 2. 4 CiTY+ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NOEL, MERCIE NAME 3.2 NAME 330 BAKER DRIVE STREET ADDRESS 3.3 STREFT ADDRESS **WEST PALM BEACH FL 33409** 3 4. CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELI TE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Change DELETE 6.1 THLE TITLE 400002550684 NAME 6.2 NAME -06/08/98--01034--010 STREET ADDRESS 6.3 STREET ADDRESS ***158.75 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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.

4/10/98