

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90089 001 ***150.00

DOCUMENT # P98000009125

1. Corporation Name

CLIENT FIRST CORPORATION

Principal Place of Business

Mailing Address

105 LAKE MIRIAM DR
LAKE LAND, FL. 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/21/98

4. FEI Number

59-3491842

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3212 GULF GATE DR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FL

Zip Country

24

34241

25

Country

29

34241

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL F. NOWAKOWSKI
105 LAKE MIRIAM DR.
LAKE LAND, FL 33813

81 Name

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

3212 GULF GATE DR

83

84 City

SARASOTA

FL

85 Zip Code

34241

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P, F ☐ DELETE
NAME MICHAEL F. NOWAKOWSKI
STREET ADDRESS 3212 GULF GATE DR.
CITY-ST-ZIP SARASOTA, FL 34241

TITLE VP-S ☐ DELETE
NAME GLENDA S NOWAKOWSKI
STREET ADDRESS 3212 GULF GATE DR.
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

Michael F. Nowakowski
MICHAEL F. NOWAKOWSKI

Date

Daytime Phone #

4-30-99 941-924-4466

CR2E034 (11/98)