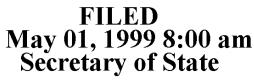
PROFIT CORPORATION ANNUAL REPORT - 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



05-01-1999 90055 032 ***150.00

DOCUMENT # P98000010082								
1. Corporation Name								
CLEAR IDEA SOFTWARE, INC.					A PROGRAM AND NOVER LIGHT SOURCE STAFF A STAFF AND A STAFF	e d ên a stan î e ê		
Principal Place of Business . Mailing Address					(1581) and rates and any and any			
5903 LORDS AVENUE 5903 LORDS AVENUE								
SARASOTA FL 34231 SARASOTA FL 34231					DO NOT WRITE IN THIS SP.	ACE		,
1					3. Date Incorporated or Qualifed			
2 Principal Place of Business 2a. Mailing Address				<u> </u>	01/30/1998 4. FEI Number	Appl	led For	
2. Principal Place of Business		26			65 0311389 220212		Applicable	ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad		
22	27	were service of			Fee Req			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Added to Fer			}
Zip	Country Zip Co		Count	y	8. This corporation owes the current year Intangible			l
24	25	29 30			Personal Property Tax.			ĺ
9. Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered Age	P115		
ICARD, MERRILL, CULLIS, TIMM, ET AL. P.A.			8	2 Simal Add	iress (P.O. Box Number is Not Acceptable)			
2033 MAIN STREET					NESS (F.O. DUK HUMBER IN THE THOUGH			Ì
SUITE 600 SARASOTA FL 34237			8	3				
- SANASOIN FL 34231			8	4 City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 807.0502	and 607.1508, Florida Statute	s, the abo	ve-named con	poration submits this statement for the purpose of cha	inging its re	egistered stered	
 Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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					ed when reinstating) DATE			ي ا
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND I		S IN 12	(11/08)
TITLE	D	☐ DELETE	1,1 TITLE			Change	Addition	
NAME	JONES, LEE		12 NAME	•				E034
STREET ADDRESS	5903 LORDS AVENUE SARASOTA FL 34231		1.3 STRE 1.4 CITY	ET ADDRESS				50
CITY-ST-ZIP	SARASUIA FL 34231	☐ DELETE	21 TITLE			Change	Addition	2
NAME			2.2 NAM	f				
STREET ADDRESS			1	ET ADDRESS				ļ
CITY-ST-ZIP		☐ DELETE	2.4 CITY 3.1 TITLE			Change	Addition	1
TITLE		ــا كىداد	3.2 NAME	١.	· -			
STREET ADDRESS		<u> </u>	3.3 STRE	ET ADDRESS			<i></i> -	1
CITY-ST-ZIP			3.4. CITY			Change	Addition	1
TITLE		DELETE	4.1 TITLE 4.2 NAM		<u> </u>	_		ŀ
STREET ADDRESS				ET ADDRESS				1
CITY-ST-ZIP			4.4 CITY	I				ł
TITLE		☐ DELETE	5.1 TITLE	1] Change	Addition	
NAME			5.2 NAMI 5.3 STRE	ET ADDRESS				1
STREET ACCRESS			5.4 CITY-					1
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
1			R 2 NALE	.				1

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 supplimental arrhual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation of 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 an attack mant with an address, with all other like empowered.

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

STREET ADDRESS