


**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90055 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT - 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000010082</b> 1. Corporation Name <b>CLEAR IDEA SOFTWARE, INC.</b>					
Principal Place of Business 5903 LORDS AVENUE SARASOTA FL 34231			Mailing Address 5903 LORDS AVENUE SARASOTA FL 34231		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		
3. Date Incorporated or Qualified 01/30/1998			4. FEI Number 650211384 220212		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. Name and Address of Current Registered Agent ICARD, MERRILL, CULLIS, TIMM, ET AL, P.A. 2033 MAIN STREET SUITE 600 SARASOTA FL 34237		
9. 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			10. 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 signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 in an attachment with an address, with all other like empowered.					

SIGNATURE:

*Michael J. Lee*  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

941-926-7053

CR2034 (1/98)