


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90025 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>998000043816</u> <u>VoK</u>			
1. Corporation Name <u>Cole Systems, Inc.</u>			
Principal Place of Business <u>1440 Coral Ridge Dr.</u> <u>Suite 142</u> <u>Coral Springs FL 33071</u>		Mailing Address	
2. Principal Place of Business 21 <u>1440 Coral Ridge Dr.</u> Suite, Apt. #, etc. 22 <u>142</u> City & State 23 <u>Coral Springs</u> Zip 24 <u>33076</u> Country 25 <u>USA</u>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent 81 Name <u>Cheri Clayton</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>5008 NW 13th Ave</u> 83 84 City <u>Coral Springs</u> FL 85 Zip Code <u>33076</u>	
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 <u>Cheri Clayton</u> DATE <u>5/1/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Ramell S. Clayton</u> <u>Pres. elect</u> <u>5008 NW 113th Ave</u> <u>Coral Springs FL 33076</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Treasurer</u> <u>Cheri Clayton</u> <u>5008 NW 13th Ave.</u> <u>Coral Springs, FL 33076</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Cheri Clayton Cheri Clayton DATE 5/1/99 DAYTIME PHONE # 954-341123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)