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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045867

1. Corporation Name

CODING TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business 7701 TIMBERLIN PARK BLVD #236 JACKSONVILLE FL 32256	Mailing Address P.O. BOX 23009 JACKSONVILLE FL 32241-3009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>10853 Crosstie Rd. W.</u> Suite, Apt. #, etc. 22 City & State 23 <u>Jacksonville FL</u> Zip Country 24 <u>32257</u> 25 <u>Duval</u>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <u>05/19/1998</u>		4. FEI Number <u>59-3516965</u> Applied For Not Applicable		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		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent SAWYER, CARL T JR 7701 TIMBERLIN PARK BLVD #236 JACKSONVILLE FL 32256				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <u>10853 Crosstie Rd. W.</u> 83 84 City <u>Jacksonville</u> FL 85 Zip Code <u>32257</u>			
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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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Director	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Carl T. Sawyer, Jr.			1.2 NAME			
STREET ADDRESS	10853 Crosstie Rd. W.			1.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville FL 32257			1.4 CITY-ST-ZIP			
TITLE	President	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Carl T. Sawyer, Jr.			2.2 NAME			
STREET ADDRESS	10853 Crosstie Rd. W.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville FL 32257			2.4 CITY-ST-ZIP			
TITLE	Vice-President	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Carl T. Sawyer, Jr.			3.2 NAME			
STREET ADDRESS	10853 Crosstie Rd. W.			3.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville FL 32257			3.4 CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Carl T. Sawyer, Jr.			4.2 NAME			
STREET ADDRESS	10853 Crosstie Rd. W.			4.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville FL 32257			4.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Carl T. Sawyer, Jr.			5.2 NAME			
STREET ADDRESS	10853 Crosstie Rd. W.			5.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville FL 32257			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

Carl T. Sawyer, Jr. President 4/29/99 (904) 880-0590
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)