

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90182 040 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M50000**

1. Corporation Name  
**TRIPLE C SOFTWARE, INC.**



Principal Place of Business  
 3235 NE 38TH ST.  
 FT. LAUDERDALE FL 33308

Mailing Address  
 3235 NE 38TH ST.  
 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **8566 ARROWHEAD DR**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **LAKE WORTH, FL**  
 Zip Country  
 24 **33467** 25 **USA**

2a. Mailing Address  
 26 **8566 ARROWHEAD DR**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **LAKE WORTH, FL**  
 Zip Country  
 29 **33467** 30 **USA**

3. Date Incorporated or Qualified  
**04/09/1987**

4. FEI Number  
**65-0003172** 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

9. Name and Address of Current Registered Agent  
**CLAGGETT, EDWARD H.**  
 3235 NE 38TH ST.  
 FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent  
 81 Name  
**CLAGGETT, CHARLES B.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8566 ARROWHEAD DR.**  
 83  
 84 City **LAKE WORTH** FL 85 Zip Code **33467**

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 Charles B Claggett **CHARLES B CLAGGETT** **4/4/99**  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CLAGGETT, EDWARD H.	
STREET ADDRESS	3235 NE 38TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAGGETT, SUSAN L	
STREET ADDRESS	8566 ARROWHEAD DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CLAGGETT, CHARLES B.	
STREET ADDRESS	8566 ARROWHEAD DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CLAGGETT, KENNETH L.	
STREET ADDRESS	1827 SW 24TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAGGETT, GAYLE L	
STREET ADDRESS	1827 SW 24TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>DVT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles B Claggett **CHARLES B CLAGGETT** **4/4/99** **561 964-8915**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)