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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90180 048 \*\*\*150.00

	1999	DIVISION OF CO	ORPORATIONS	02-24-1999 90180 048 ***150.00
DOCUMENT # P9300008372				
ON-LINE SOFTWARE, INC.				
ON LINE	OOI TWATE, ING.			
Principal Place of Business Mailing Address				- I INCHIODA KIO 1919DO ERKA BOUKA OEKKA BOUKA COMA SELON (OLDA HANA 1901A KIDA 1901
130 WEST PLUMOSA LANE 130 WEST PLUMOSA LANE				
LAKE WORTH I	FL 33467	LAKE WORTH FL 33467		DO NOT MODE IN THE DOLOG
				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed
				01/28/1993
	lace of Business	2a. Mailing Address		4, FEI Number Applied For
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			65-0385470 Not Applicable \$8.75 Additional	
27			5. Certificate of Status Desired Fee Required	
City & Stat	<b>_ '</b>			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	<del></del>	0	Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent	94 Name	10. Name and Address of New Registered Agent
CLINKSCALES, WILLIAM L				· 
130 WEST PLUMOSA LANE LAKE WORTH FL 33467			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
			83	
			- <b>84</b> City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation				cretion culturity this statement for the gumose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the appointment as registered
	in talling war and accept the obligat		Signatures.	448/99
SIGNATURE	Signature, typed or printed name of registered agen	rand title if applicable. (NOTE: F	tegistered Agent signature required	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	☐ DELETE	1.1 TITLE	Change Addition
NAME	CLINKSCALES, WILLIAM L		1.2 NAME	
STREET ADDRESS	130 WEST PLUMOSA LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL S	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE	CLINKSCALES, BETTY	الم المورد الم	2.2 NAME	
NAME STREET ADDRESS	130 W PLUMOSA LANE		2.3 STREET ADDRESS	1
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	
TITLE	But Wolling	☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		□ pri ett	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	Citalige Change
NAME STORET ADDDESS			5.3 STREET ADDRESS	·
STREET ADDRESS			54 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
	1		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: