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

1999 DOCUMENT # P95000067511

1. Corporation Name

PRACTICAL SOFTWARE DESIGN INC.

Princi	pal Place of Business
16615	NORWOOD DR.
TAMP	A FL 33624

Mailing Address

TAMPA FL 33624

16615 NORWOOD DR.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90210 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					08/30/1995	Applied	For
					4. FEI Number		plicable
·		2a. Mailing Address		59-3332989			
2. Principal Place	of Business	26					
21		Suite, Apt. #, etc.		5. Certificate of Status Boomer			
Suite, Apt. #, etc.		27			6. Election Campaign Financing Added to Fees		
22		City & State			Twee Fund Contribution	Added to Fe	362
City & State	له يعم د د مساوير د	28			8. This corporation owes the current year	Intangible	
23		Zip Country				NO	
Zip	Country			10. Name and Address of New Registered Agent			
25							ł
24	Name and Address of Current	[Ragistered - B	81	Name			
				Street Ad	dress (P.O. Box Number is Not Acceptable)		
BROWI	N, GRANT S		82]			
16615	NORWOOD DR.		83				
TAMPA	A FL 33624		<u> </u>	<u> </u>		FL 85 Zip Co	1
1,000			84	City		The land on its re	anistered
			Ļ_	C	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing he regif	stered
1	-4 Sections 607 050	02 and 607.1508, Florida Statutes, t	he abov	the corpor	ation's board of directors. I hereby accept the	FF	district.
11. Pursuant to	the provisions of Sections borries	of Florida. Such change was autho ations of, Section 607.0505, Florida	Statutes	s.			
office or reg	familiar with, and accept the obliga-	ations of, Section Contract			DAY	ie	2S IN 12
			istered Age	ent signature red	quired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	Addition
SIGNATURE S	signature, typed or printed name of registered ag	AND DIRECTORS	13.		ADDITIONAL	☐ Change	LI AGGIOUTI
12.	OFFICERS A	DELETE	1.1 TITLE	. {			1:
TITLE	P	_	1.2 NAME	E			1 !
NAME	BROWN, GRANT S		1.3 STRE	ET ADDRESS			
1 1	16615 NORWOOD DR.		L	-ST-ZIP		Change	Addition
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CITY-ST-ZIP	ST	C) pereir	2.2 NAM				}
TITLE	BROWN, CYNTHIA D		1				}
NAME	BHOMM' CHALLY			EET ADDRESS			Addition
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, NAME -	,	- =====	3.3 ST	REET ADDRESS	i }		
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NAME	ا			TY-ST-ZIP		Change	Addition
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CITY-ST-ZIP		DELETE	5.1 II				
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NAME	\						e
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CITY-ST-ZIP	<u> </u>	☐ DELETE	11	ME			7
TITLE	T			NAME	1		
NAME	1		6.3	STREET ADORE	ess		
1	200		6.4	CITY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statutes. I f	urther certify that th	ne information
STREET ADDRE				- metion st	ated in Section 119.07(3)(i), Florida Statutes. I	nade under oath; th	nat I am an

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 119.07(3)(i), Florida Statutes. I further 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 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 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 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 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 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 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 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 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 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Sectio

CIGNATURE: