

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

FILED

**Oct 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020665 (0)

1. Corporation Name
LUCASOFT, INC.



Principal Place of Business: **59 NORTH RIVER ROAD STUART FL 34994**

Mailing Address: **59 NORTH RIVER ROAD STUART FL 34994**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1997	
21	21 So. Sewall's Pt. Rd.	26	PO Box 447	4. FEI Number 65-0748843	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State Stuart, FL.	27	City & State Stuart, FL.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 34994	28	Zip 34994	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country USA	29	Country USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FORD, LOIS
59 NORTH RIVER ROAD
STUART FL 34994

10. Name and Address of New Registered Agent

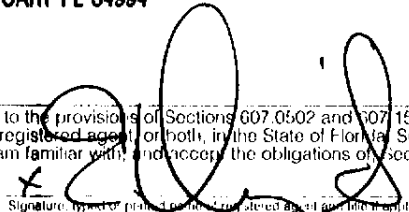
81 Name **Lois Ford**

82 Street Address (P.O. Box Number is Not Acceptable)
21 So. Sewall's Pt. Rd.

83

84 City **Stuart** 85 Zip Code **FL 34994**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Chairman, CEO <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Viamontes, RN	1.2 NAME
STREET ADDRESS	21 So. Sewall's Pt. Rd.	1.3 STREET ADDRESS
CITY-ST-ZIP	Stuart, FL. 34994	1.4 CITY-ST-ZIP
TITLE	Lois Ford Secy/Treas. <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Ford	2.2 NAME
STREET ADDRESS	21 So. Sewall's Pt. Rd.	2.3 STREET ADDRESS
CITY-ST-ZIP	Stuart, FL. 34994	2.4 CITY-ST-ZIP
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Anthony Viamontes	3.2 NAME
STREET ADDRESS	21 So. Sewall's Pt. Rd.	3.3 STREET ADDRESS
CITY-ST-ZIP	Stuart, FL. 34994	3.4 CITY-ST-ZIP
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucas Arthur Viamontes	4.2 NAME
STREET ADDRESS	21 So. Sewall's Pt. Rd.	4.3 STREET ADDRESS
CITY-ST-ZIP	Stuart, FL. 34994	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE:  DATE: _____

CR2E034 (10/97)