

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90075 047 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000054170

1. Corporation Name
INBS SOFTWARE PRODUCTS, INC.



Principal Place of Business
11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33181

Mailing Address
11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1997

4. FEI Number
65-0766652

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. **#503**

22 City & State
 23

24 Zip Country
 25 29

2a. Mailing Address
 26 Suite, Apt. #, etc. **#503**

27 City & State
 28

29 Zip Country
 30

9. Name and Address of Current Registered Agent

SMITH, LINDA M ESQ
11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOCH, ROGER L	
STREET ADDRESS	2137 HIBISCUS CIRCLE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TRIPODO, ANTHONY J	
STREET ADDRESS	1131 N.E. 97 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHISHOLM, JOHN	
STREET ADDRESS	850 N.E. 123 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLEITSMANN, ROBERT J	
STREET ADDRESS	1801 S. TREASURE DRIVE #302	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOUSSA, GEORGE	
STREET ADDRESS	520 N W 60TH CT	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SMITH, ESQ LINDA M	
STREET ADDRESS	11900 BISCAYNE BLVD, STE 200	
CITY-ST-ZIP	MIAMI FL 33181	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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: *Roger L. Koch* **ROGER L. KOCH, President** 1/15/99 (305) 893-5997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)