

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

FILED
Feb 24 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 # P97000086813 (7)

1. Corporation Name

INSOFT TECHNOLOGIES INC.

Principal Place of Business

6423 REMUS DRIVE
NEW PORT RICHEY FL 34653

Mailing Address

6423 REMUS DRIVE
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

59-3473020

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

RAMAPPA, G M
6423 REMUS DRIVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

RAJ EMANDI

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

6423 REMUS DRIVE

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34653

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

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

(RAJ EMANDI)

(NOTE: Registered Agent signature required when reinstating)

2/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME MR. G.M. RAMAPPA
STREET ADDRESS 6423 REMUS DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VP ☐ DELETE
NAME RAJ EMANDI
STREET ADDRESS 6423 REMUS DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VP ☐ DELETE
NAME ASHOK GANTH
STREET ADDRESS 8132 MIZNER LANE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE VP ☐ DELETE
NAME VENKAT DURGAM
STREET ADDRESS 6423 REMUS DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 as an attachment with an address.

SIGNATURE

(Signature)

(RAJ EMANDI)

2/16/98

813-846-8655

CR2E034 (10/97)