

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90007 020 \*\*\*150.00

DOCUMENT # P98000061832

1. Corporation Name

ACCUSOFT CORPORATION

Principal Place of Business

7632 SOUTHSIDE BOULEVARD  
SUITE 422  
JACKSONVILLE FL 32256

Mailing Address

7632 SOUTHSIDE BOULEVARD  
SUITE 422  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1998

4. FEI Number

59-3522424

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 287 Lakeview Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 287 Lakeview Drive  
Suite, Apt. #, etc.

City & State

23 Coral Springs, Florida

City & State

28 Coral Springs, Florida

Zip

24 33071

Country

25

Zip

29 33071

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

GUIDO A. VALDES

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

83 287 Lakeview Drive

84 City

Coral Springs,

FL

85 Zip Code

33071

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME VALDES, GUIDO A  
STREET ADDRESS 7632 SOUTHSIDE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE SVD ☒ DELETE

NAME BALLESTER, CARLOS M  
STREET ADDRESS 7632 SOUTHSIDE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PTSD ☒ Change ☒ Addition

1.2 NAME VALDES, GUIDO A.  
1.3 STREET ADDRESS 287 Lakeview Drive  
1.4 CITY-ST-ZIP Coral Springs, FL 33071

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Daytime Phone #

CR2E034 (1/98)