

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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 493070 (7)
1. Corporation Name
CHAMPS SOFTWARE, INC.

Principal Place of Business
1255 N VANTAGE PT DR
CRYSTAL RIVER FL 34429
US

Mailing Address
P.O. BOX 2600
CRYSTAL RIVER FL 34423
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1640108	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent BARNES, G. MAX 10113 KIMBROUGH DRIVE BROOKSVILLE FL 34601		10. Name and Address of New Registered Agent	
81	Name CHANDRA PATEL	82	Street Address (P.O. Box Number is Not Acceptable) 1675 Crooked Branch Road
83	City	84	City Lecanto
85	Zip Code 34461		

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 *Chandra Patel* *Chandra Patel* 6/9/98
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, G. MAX	1.2 NAME	
STREET ADDRESS	10113 KIMBROUGH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PO ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, CHANDRA	2.2 NAME	
STREET ADDRESS	1675 CROOKED BRANCH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	
TITLE	VPO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHUKLA, NITIN	3.2 NAME	
STREET ADDRESS	7460 W GOLFCLUB ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 *Chandra Patel* *Chandra Patel* 6/9/98

CP2E034 (10/97)