

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

**DOCUMENT # 575552**

1. Corporation Name

**SOFTWARE TECHNOLOGY, INC.**

Principal Place of Business

1225 EVANS RD  
MELBOURNE FL 32904  
US

Mailing Address

1225 EVANS RD  
MELBOURNE FL 32904  
US

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90040 026 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/13/1978**

4. FEI Number

**59-1826393**

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

9. Name and Address of Current Registered Agent

**KANCILJA, JOHN**  
**1686 W. HIBISCUS AVENUE**  
**MELBOURNE FL 32901**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD RIORDAN, DON F. JR. 414 LA COSTA ST. MELBOURNE BCH. FL	1.1 TITLE	VP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILY, JACK D	2.2 NAME	
STREET ADDRESS	135 MONCURE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAFICANT, JAMES A	3.2 NAME	
STREET ADDRESS	8305 PEACH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX STATION V 22039	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bernard R. Smedley
STREET ADDRESS		4.3 STREET ADDRESS	295 HWY A1A, APT 205
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Sally H. Ball
STREET ADDRESS		5.3 STREET ADDRESS	1224 Mira Vista Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Helen K. Bloch
STREET ADDRESS		6.3 STREET ADDRESS	302 Hiawatha Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Melbourne Beach, FL 32951

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:

*Sally H. Ball*

Sally H. Ball.

2/19/99

(407)952-7550

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)