## 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 # F9300000185

1. Corporation Name

THE SOFTAD GROUP, INC.

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90074 045 \*\*\*150.00



							48 (8)8) 8)(: 188)
Principal Place of Business Mailing Address							
100 SHORELINE HIGHWAY. BLDG. B STE. 300 100 SHORELINE HIGHWAY. B MILL VALLEY CA 94941 MILL VALLEY CA 94941			BLDG. B.,	STE. 300	DO NOT WRITE IN THE CO.	ACE	
		٠			DO NOT WRITE IN THIS SPA	ACE	
					01/14/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	-	opplied For
21		26			00 0200 0		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		و تعانیات	5, Certificate of Status Desired	•	-Additional
22		27				<del></del>	Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28	0		Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangi	ible Yes	□No
24	25		30		Personal Property Tax.  10. Name and Address of New Registered Age		
	9. Name and Address of Curre	nt Registered Agent	8	Name	10. Name and Address of New Registered Age	, itt	
THE	PRENTICE-HALL CORPORATION	N SYSTEM INC.		1101110			
1201 HAYS STREET			82 Street A		ress (P.O. Box Number is Not Acceptable)		
	E 105		83				
	AHASSEE FL 32301		]*`	1			
.,			84	City	FL <sup>8</sup>	35 Zip	Code
				J	poration submits this statement for the purpose of cha		sistarad
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: F	Registered Age	ent signature require	ed when reinstating) DATE		······································
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PCD	☐ DELETE	1.1 TITLE			] Change	e
NAME	GEORGE, PAULA		1.2 NAME		•		
STREET ADDRESS	39 SUNSHINE AVENUE		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	SAUSALITO CA 94965		1.4 CITY-	ST-ZIP			
TITLE	VPFA	DELETE	2.1 TITLE			] Change	- Addition
NAME	SALMONS, BROCK W		2.2 NAME				
STREET ADDRESS	28094 THORUP LANE		2.3 STREI	ET ADDRESS			
CITY-ST-ZIP	HAYWARD CA 94542		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			] Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-			7.06	
TITLE	{	☐ DELETE	4.1 TITLE		L	] Change	Addition
NAME			4. 2 NAME	•			
STREET ADDRESS				ET ADDRESS			
C/TY-ST-ZIP		<del></del>	4.4 CITY-			1 Ch	
TITLE		☐ DELETE	5.1 TITLE	<b>I</b>	L	] Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE		L	] Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	]		6.3 STRE	ET ADDRESS			

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 attack part with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP