

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 # F97000006281

1. Corporation Name
PROFESSIONAL SOFTWARE ENGINEERING, INC.

Principal Place of Business

200 GOLDEN OAK COURT, STE 100
VIRGINIA BEACH VA 23452

Mailing Address

200 GOLDEN OAK COURT, STE 100
VIRGINIA BEACH VA 23452

000997

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90288 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1997

4. FEI Number
54-1318467

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BRECTELSBAUER, JEFFREY
9851 S THOMAS DR #210
PANAMA CITY FL 32408

81 Name HERMAN ROBERTSON

82 Street Address (P.O. Box Number is Not Acceptable)
1116 MICHIGAN AVENUE

83

84 City LYNN HAVEN FL 85 Zip Code 32444

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

Marked HERMAN ROBERTSON

(NOTE: Registered Agent signature required when reinstating)

4/2/99

DATE

CR2E034 (1.1/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, PAUL K		1.2 NAME	
STREET ADDRESS	200 GOLDEN OAK COURT STE 100		1.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA		1.4 CITY-ST-ZIP	
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADOLPHI, MICHAEL D		2.2 NAME	
STREET ADDRESS	200 GOLDEN OAK COURT STE 100		2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE: PAUL K. WONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #