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 # F98000004820

1. Corporation Name

SUNTREE SOFTWARE, INC.

Principal P	lace of E	lusiness
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Mailing Address

201 PLANTATION CLUB DRIVE #302 MELBOURNE FL 32940

201 PLANTATION CLUB DRIVE #302 MELBOURNE FL 32940

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

04-20-1999 90263 014 ***150.00



DO NOT WRITE IN THIS SPACE	DO NOT	WRITE II	N THIS	SPACE
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			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 08/24/1998			
Principal Place of Business 2a. Mailing Address				4, FEI Number		-	Applied For	
21		26			59-3526067			lot Applicab <u>le</u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	-	5: Certificate of Status Desired	□ •-		Additional
22						Required		
City & State	9	City & State			6. Election Campaign Financing			0 Мау Ве
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	_ Count ⊐	У	8. This corporation owes the curre	•	ngible ∐Yes	IZ No
24	25	29 30	0		Personal Property Tax. 10. Name and Address of New R			I NO
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New R	egistei <u>eu A</u>	Agur	
Dile	F, Robert		l°	Name				
	PLANTATION CLUB DRIVE #302		8	2 Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
	· = ·····							<u>_</u>
MEL	BOURNE FL 32940		8	3				
			8	4 City			85 Zip	Code
				1		<u>FL</u>		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was auth	norized b	y the corporation	on's board of directors. I hereby accep	t the appoint	ment as i	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent signature require		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		-	
TITLE	PS S	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	DUFF, ROBERT		1.2 NAM	<u> </u>				
STREET ADDRESS	201 PLANTATION CLUB DRIVE	#302	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-	ST-ZIP				****
TITLE	VT	☐ DELETE	2.1 TTLE	:			☐ Change	Addition
NAME	RUSSELL, MARK		2.2 NAM	.)				
STREET ADDRESS	2468 SAINT JOHN'S LANE	y Sor Itomia - command	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32935		2, 4 CITY	- ST- ZIP				
TITLE		DELETE	3.1 TITLE	i			Change	■ Addition
NAME			3.2 NAMI					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	2 Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				<u> </u>
TITLE		☐ DELETE	5.1 TITLE	: .			Change	e [] Addition
NAME	}		5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADORESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME "."	process of projections		6.2 NAM	<u> </u>				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY ST 719			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 or an attachment with an address, with all other like empowered.

SIGNATURE: