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

**PROFIT** CORPORATION ANNUAL REPORT 1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800006531 1. Corporation Name

INTERTEAM SOFTWARE CORPORATION

Mailing Address Principal Place of Business 11702 LOCK LANE 11702 LOCK LANE NEW KENT VA 23124 NEW KENT VA 23124

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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

05-10-1999 90062 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

12/01/1998

54-1884537

4. FEI Number

| 23                   |   | 28                   |                     |                         | Trust Fund Contribution  | Added t                           | to Fees                |
|----------------------|---|----------------------|---------------------|-------------------------|--|-----------------------------------|------------------------|
| Zip                  | Country   | Zip                  | Cour                | ntry                    | 8. This corporation owes the current year  | ntangible                         | _                      |
| 24                   | 25  | 29                   | 30                  |                         | Personal Property Tax.   | ☐ Yes                             | <b>X</b> No _          |
|                      | 9. Name and Address of Current F  | Registered Agent     |                     |                         | 10. Name and Address of New Registere  | d Agent                           |                        |
|                      |   |                      |                     | 81 Name                 |  |                                   |                        |
| HERRICK, THOMAS J    |   |                      |                     | 82 Street Add           | ress (P.O. Box Number is Not Acceptable)   |                                   |                        |
| 3470 SW 4TH STREET   |   |                      |                     |                         |  |                                   |                        |
| DEEF                 | RFIELD BEACH FL 33442   |                      |                     | 83                      |  |                                   |                        |
|                      |   |                      |                     | 84 City                 |  | . 85 Zip (                        | Code                   |
|                      |   |                      |                     | - 1 - 3                 | F  |                                   |                        |
| office or r          | to the provisions of Sections 607.0502 a<br>registered agent, or both, in the State of<br>am familiar with, and accept the obligation | Florida. Such change | was authorized      | by the corporation      | poration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its<br>ointment as re | registered<br>gistered |
| SIGNATURE            |   |                      |                     |                         | ed when reinstating) DATE  |                                   |                        |
| 42                   | Signature, typed or printed name of registered agent ar<br>OFFICERS AND   |                      | (NOTE: Registered . | Agent signature require | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO                       | DRS IN 12              |
| TITLE                | CPT OFFICERS AND  | □ DELE               |                     | I.F.                    | ASSITIONO, OTRICO TO OTT TOERCO  | Change                            | Addition               |
|                      | CAUDILL, STEVE  | <u> </u>             | 1.2 NA              |                         |  |                                   | _                      |
| NAME                 | 11702 LOCK LANE   |                      |                     | REET ADDRESS            |  |                                   | ,                      |
|                      | NEW KENT VA 23124   |                      |                     |                         |  |                                   |                        |
| CITY-ST-ZIP          | DS DS   | ☐ DELE               |                     | Y-ST-ZIP                |  | ☐ Change                          | Addition               |
| TITLE                | HERRICK, THOMAS J   |                      | 2.2 NA              |                         |  | _ ,                               |                        |
| NAME                 | 3470 SW 4TH STREET  |                      |                     | REET ADDRESS            |  |                                   |                        |
|                      | DEERFIELD BEACH FL 33445  |                      |                     |                         |  |                                   |                        |
| CITY-ST-ZIP<br>TITLE | DEERFIELD BEACH FL 33443  | □ DELE               |                     | TY-ST-ZIP               |  | [] Change                         | Addition               |
|                      |   | _ 5222               | 32 NA               |                         |  | _ ,                               |                        |
| NAME                 |   |                      | 1                   | REET ADDRESS            |  |                                   |                        |
| STREET ADDRESS       |   |                      |                     |                         |  |                                   |                        |
| CITY-\$T-ZIP         |   | ☐ DELE               |                     | TY-ST-ZIP               |  | Change                            | ☐ Addition             |
| M/E                  |   | _ DEE.               | 4.2 N               | į                       |  | _ ,                               |                        |
| NAME                 |   |                      |                     |                         |  |                                   |                        |
| STREET ADDRESS       |   |                      |                     | REET ADORESS            |  |                                   |                        |
| CITY-ST-ZIP          |   |                      |                     | Y-ST-ZIP                |  | ☐ Change                          | Addition               |
| TITLE                |   |                      | 5.2 NA              |                         |  | 9-                                |                        |
| NAME                 |   |                      |                     | REET ADDRESS            |  |                                   |                        |
| STREET ADDRESS       |   |                      |                     | Y-ST-ZIP                |  |                                   | İ                      |
| CITY-ST-ZIP          |   | ☐ DELE               |                     |                         |  | ☐ Change                          | Addition               |
| TITLE                |   |                      | 6.2 NA              |                         |  | _ 090                             |                        |
| NAME                 |   |                      |                     | REET ADDRESS            |  |                                   |                        |
| STREET ADDRESS       | 8   |                      |                     | Y-ST-ZIP                | •  |                                   |                        |
|                      |   |                      |                     |                         |  |                                   |                        |

officer or director of the corporation of 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.

619-368-8560

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be-

Not Applicable