PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H71225

1. Corporation Name

SOFTKLONE DISTRIBUTING CORPORATION

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

05-10-1999 90143 050 ***150.00



Principal Place of Business Mailing Address									
327 OFFICE PLAZA DR., SUITE 100 327 OFFICE PLAZA DR., SU TALLAHASSEE FL 32301 TALLAHASSEE FL 32301			TE 100			DO NOT WRITE IN	I THIS SI	PACE	
						3. Date Incorporated or Qualifed			
						08/14/1985			
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
	26					59-2613877		ı	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional
22	,, 5.6.	27			i	Certificate of Status Desired		Fee I	Required
_ City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current y			_
24	25	29 3	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Regis	tered Aç	jent	
			81	1	Name				
SAVELLE, SHAREN S				82 Street Address (P.O. Box Number is Not Acceptable)					
298 NARWHAL CT									
TALLAHASSEE FL 32312			83	3					
			84	4 C	City		FL	85 Zij	Code
		OD COT 4500 First - Statute				ation submits this statement for the purp		anging i	ts registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	v tne	e corporation	's board of directors. I hereby accept the	appointr	ment as	registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Age	ent sig	gnature required v		ATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	DP	☐ DELETE	1.1 TITLE				ı	Change	e
NAME	JUSTHAM, BRUCE O.		1.2 NAME						
STREET ADDRESS	1115 MISSIONWOOD LANE		1 3 STREE	ET AD	DORESS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-	ST-Z	P				
TITLE		OELETE	2.1 TITLE				١	Chang	e Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STRE	ET AD	DORESS				
CITY-ST-ZIP			2.4 CITY-	ST-Z	ZIP				
TITLE		☐ DELETE	3.1 TITLE				1	Chang	e 🔲 Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	ETAD	DORESS				
CITY-ST-ZIP		_	3.4. CITY	ST-Z	ZIP				
TITLE		☐ DELETE	4.1 TITLE				1	Chang	e Addition
NAME			4. 2 NAME	Ē	1				
STREET ADDRESS			4.3 STRE	ETAD	DDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-Z	iP _				
TITLE		☐ DELETE	51 TITLE					Chang	e 🔲 Addition
NAME			5.2 NAME	:					
STREET ADDRESS)		5.3 STREE	ET AD	DDRESS				
CITY-ST-ZIP	ì		5.4 CITY-	ST-ZI	yp				
TITLE	i -	☐ DELETE	6.1 TITLE					Chang	e Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ETAD	DORESS				
J. NEL PADONESS	Ί		SACITY.	ėт 71	7ID				

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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

(850) 878-8564

R2E034 (11/98)