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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H80863 (4)

SOFTWAREWIZARDRY INC

| Apr 16 1998 8:00am |
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| Secretary of State |
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| 30111 | TANETIEMIUM (1110) | | | | | | H |
|---|---|----------------------------|------------------|--|--|---|-----------------------------------|
| Principal Place of Business Mailing Addre 8313 W HILLSBOROUGH 8313 W HILLS SUITE 450 TAMPA FL 33 TAMPA FL 33615 US | | Mailing A | ddress | | | | BION AIGH BHÍS BION BION BION IST |
| | | ILLSBOROUGH 450 L 33615 | | | DO NOT WRITE | DO NOT WRITE IN THIS SPACE | |
| US | | | | | | 3. Date Incorporated or Qualified 10/15/1985 | |
| 21 26 | | | Mailing Address | | | 4. FEI Number 59-2639679 | Applied For Not Applicable |
| 22 27 | | | te, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Sta | | City & 28 | State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | | Country 30 | <i>'</i> | 8. This corporation owes or has paid Personal Property Tax due June 3 | 0. 🔲 Yes 🔀 No |
| | g, Name and Address of Cur | rent Registered A | gent | | | 10. Name and Address of New Reg | stered Agent |
| CL | EMONS, BRETT LEE | | | B1 | Name | | |
| 15324 WINDING CREEK DR TAMPA FL 33613 | | | <u> </u> | | Address (P.O. Box Number is Not Acceptable | 9) | |
| | | | | 83 84 | | | FL 85 Zip Code |
| SIGNATURE | Signature, typed or printed name of registered OFFICERS A | | | | | corporation submits this statement for the puporation's board of directors. I hereby accept required when reinslating) ADDITIONS/CHANGES TO OFFICE | DATE |
| TITLE | DPV | | DELETE | 1.1 TITLE | | DPYST | Change 🔲 Addition |
| NAME | CLEMONS, BRETT LEE | | | 1.2 NAME | | CLEMONS, BRETT | • |
| STREET ADDRESS | | | | 1.3 STREET | ADDRESS | 15324 WINDING CR | eek dr . |
| CiTY-ST-ZiP | TAMPA FL | | | 1.4 CITY-5 | ST- Z IP | CLEMONS, BRETT 15324 WINDING CR TAMPA, FL. 3861 | 3 |
| TITLE | DST | | DELETE | 2 1 TITLE | ******* | | Change Addition |
| NAME | CLEMONS, DONNA | | • | 22 NAME | | | |
| STREET ADDRESS | | | | 2 3 STHEET | ADDRESS | | |
| CITY - \$1 - ZIP | TAMPA FL | | | 2. 4 DITY- | ST-ZIP | | |
| TITLE | | | DELETE | 3.1 TIFLE | | | Change Addition |
| NAME | Į. | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | | 3.4. CITY- | ST-ZIP | | |
| TITLE | | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | | 4 2 NAME | | | |
| STREET ADDRESS | \ | | | 4.3 STREET | | | |
| CITY-ST ZIP | | | | | ADDRESS 1 | | |
| TITLE | | | | | | | |
| NAME | | | DELETE | 4.4 CITY-S | | | Change Addition |
| | | | DELETE | 4.4 CITY - S | | | Change Addition |
| STREET ANDRESS | | | DELETE | 4.4 CITY - S 5.1 TITLE 5.2 NAME | 5T-ZIP | | Change Addition |
| STREET ADDRESS | | | DELETE | 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET | ST-ZIP ADDRESS | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | DELETE DELETE | 4.4 CITY - S 5.1 TITLE 5.2 NAME | ST-ZIP ADDRESS | | Change Addition Change Addition |
| CITY-ST-ZIP TITEE | | | | 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S 6.1 TITLE | ST-ZIP ADDRESS | | |
| CITY-ST-ZIP | | | | 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S | ST-ZIP ADDRESS 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 chapter 1, or on a statchment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP