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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # H9095 AND SOFTWARE, INC.	7 (2)			
Principal Place	of Business	Mailing Address		I JOELDIN BIND IONN BERKE (DIDL DINN IDDN BRON D	IBUL ANDIH ONDIN DYALD GYDIL HAAL
P O BOX 033396 P O BOX 033396					
INDIALANTIC FL 32903		INDIALANTIC FL 32903		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	301702
				12/19/1985	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2620360	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{ip}	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
WE	EMHOFF, JAMES H.		81 Name		
86 HIGHLAND DR.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
INDIALANTIC FL 32903			100		
			83		
			84 City	F	85 Zip Code
11 Purcuant t	to the provisions of Socilors 607.060	12 and 607 1508 Florida Statute	es the shove-named corr		
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	Signature, typod or printed name of registered ag	cut and the it applicable (NOTE	Registered Agent signature requi	ired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEEMHOFF, JAMES H.		1.2 NAME		
STREET ADDRESS	86 HIGHLAND DR.		1.3 STREET ADDRESS		
CITY - ST - ZIP	INDIALANTIC FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 31 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		cutage rection
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		D beleve	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY-ST-ZIP		

4. I hereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 for the receiver or frustee empowered to execute this report as required by mapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

mes H Chemphot pe

2/1/88

FILED

Feb 27 1998 8:00am

Secretary of State

676.3706