## 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 # J27665

1. Corporation Name

VISMA, INC.

Principal Place o	f Business
COO IACUINE DE	

Mailing Address

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90123 021 \*\*\*300.00



603 JASMINE DR. 603 JASMINE DR. MELBOURNE BECH FL 32951 MELBOURNE BECH FL 32951				DO NOT WRITE IN THIS SPACE						
					3.	Date Incorporated or Qualifed 08/07/1986				
2.	Principal Place of Business	2a. Mailing Address			4.	FEI Number		Applied For		
21						59-2716595	L	Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional ee Required		
23	City & State	City & State	•		6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
24	Zip Country	Zip Co	untry		8.	This corporation owes the current year In Personal Property Tax.	ntangible Yes	_4.		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
	SHAH, UMA M.		81	Name						
603 JASMINE DR.			82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
MELBOURNE BEACH FL 32951		83								
			84	City		Fi	85	Zip Code		
11	<ol> <li>Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	of Florida. Such change was authorize	d by	the corporation	ration s bo	n submits this statement for the purpose o pard of directors. I hereby accept the appo	f changir pintment	ng its registered as registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: E	egistered Agent signature required	d when reinstating)	DATE			
12.	OFFICERS AND D	13.		TO OFFICERS AND DIRECTO	R\$ IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	SHAH, MANHAR L.		1.2 NAME					
STREET ADDRESS	603 JASMINE DR.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE		Change	☐ Addition		
NAME	SHAH, UMA M		2.2 NAME					
STREET ADDRESS	603 JASMINE DR.		2.3 STREET ADORESS					
CITY-ST-ZIP	MELBOURNE BEACH FL		2. 4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change	Addition		
NAME	Parikh, Kishor N.		32 NAME					
STREET ADDRESS	4 VICTORIA WAY		3.3 STREET ADDRESS					
CITY-ST-ZIP	KENDALL PARK NJ		3.4. CITY-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME	Parikh, Kokila K.		4. 2 NAME					
STREET ADDRESS	4 VICTORIA WAY		4.3 STREET ADDRESS					
CITY-ST-ZIP	KENDALL PARK NJ		4.4 CITY-ST-ZIP					
TITLE	VD	□ DELETE	5.1 TITLE		☐ Change	Addition \		
NAME	KARIA, MAHENDRA V.		5.2 NAME					
STREET ADDRESS	3205 MARSHALL DR.		5.3 STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME	KARIA, CHANDRA M.		6.2 NAME					
STREET ADDRESS	3205 MARSHALL DR.		6.3 STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL		6.4 CfTY-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

4-26-99

407 752 8010