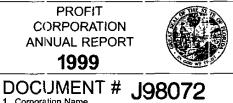
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90184 017 ***150.00

IDEALS	SOFTWARE, INC.						
Principal Pla	ce of Business	Mailing Address)	BH BH GIBH BH BH BH BH H	DI DI I GIBILI 1801
2803 W. BUSCH BLVD. SUITE 201 TAMPA FL 33618 US		2803 W. BUSCH BLVD SUITE 201 TAMPA FL 33618 US		DO NOT WRITE IN	T⊢IS SPACE		
				3. Date Ir corporated or Qualifed 10/15/1987			
2. Principa F	Place of Business	2a. Mailing Address			4. FEI Number	Δ	plied For
21	lact of Bachicot	26		59-2848738	ļ }-	t Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	 			\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	
City & S.a	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added (
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	Yes	[]No
	9. Name and Address of Curre	nt Registered Agent		04 No	10. Name and Address of New Registe	ere d Agent	
DΑ	AB, LANCE J			B1 Name			
14625 VILLAGE GLEN CIRCLE TAMPA FL 33624			ļī	82 Street Ac	dress (P.O. Box Number is Not Acceptable)		
			h.	0.2	·		
ian	A I E 000E7		1	B3			
			ļī	84 City		- 85 Zip €	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut						FL "	= sints == d
office o	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authorized t	by the corpora	ation's board of directors. I hereby accept the a	app sintment as re	gi stered
SIGNATURE	Signature, typed or printed name of registered ag-	ont od title if earliestile (NOT	FE Pagistored A	pont consture regi	red when reinstating) DAT	'E	
12.		ND DIRECTORS	13.	-gont aignature requ	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	D	☐ DELETE	11 TITL	E		Change	☐ Addition
NAME	RAAB, LANCE J		1.2 NAM	E			
STREET ADDRESS	1 4460E INLACE OF EN OIDOLE		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624		14 CITY	(-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	2.1 TITL			Change	Addition
NAME			2.2 NAM	IE			
STREET ADDRESS	s		2.3 STR	EET ADDRESS			
CITY-ST-ZIP			2 4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	E	-	Change	☐ Addition
NAME			3.2 NAM	tE			
STREET ADDRESS	5		3.3 STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	4.1 TITL	E		Change	☐ Addition
NAME			4. 2 NAN	ME			
STREET ADDRES	•		4.3 STR	EET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————		'-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL!	1		Change	Addition
NAME			5.2 NAM				
STREET ADDRES	3			EET ADDRESS			
CITY-ST-ZIP	 	——————————————————————————————————————		'-ST-ZIP			— — — — — — — — — — — — — — — — — — —
TITLE		☐ DELETE	6.1 TITL			☐ Change	Addition
NAME			6.2 NAM				
STREET ADDRESS	1			EET ADDRESS			
	r.		■ 64 CITY	'-ST-ZIP			

14. I hereby certify that the information supplied with Ms filling 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 suppliemental algual report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer or director of the corporation or the receive or trustee empowered to effect 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 attack and with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR