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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

THE SOFTWARE SMITH, INC.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 644 STONEFIELD LOOP 644 STONEFIELD LOOP HEATHROW FL 32746 HEATHROW FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3006569 Not Applicable Sulte, Apt. #, etc. Suite Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 💢 Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, ROBERT D 644 STONEFIELD LOOP 82 Street Address (P.O. Box Number is Not Acceptable) **HEATHROW FL 32746** 83 84 City Zip Code 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, typed or printed name of registered agent and title if appricable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE D __ DELET**é** 1 1 TITLE Change Change SMITH, LISA M. NAME 1.2 NAME Heathrow, Fl 32746
Heathrow, Fl 32746
Change **644 STONEFIELD LOOP** STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE TITLE 2.1 TITLE SMITH, ROBERT D. NAME 2.2 NAME 644 STONEFIELD LOOP STREET ADDRESS 2.3 STREET ADDRESS AKE MARY FL CITY-ST-ZIP 2 4 CITY-ST-7IP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS City-ST-ZiP 64 CITY-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.

Lost D Sould

1/20/98 (407) 7974/57