FILE	E NOW: FILING	FILED Feb 05 1998 8:00am										
PROFIT CORPORATION ANNUAL REPORT								FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				
1998 DIVISION O						ONS	Secretary of State					
		0810	(2)					Cictai	ı y O	ΙN	rta	ilC
LANDR	UM SOFTWARE, INC	•										
Principal Place of Business Mailing Address								TIC 40 (0) \$8381 811	#11 61811 81811	41911 018		CIEIL INNI
2646 S.W. MAPP ROAD #205 2646 S.W. MAPP ROAD P.O. BOX 842 R.O. BOX 642 C.O					Z							
PALM CITY F US	M CITY FL 34991	CITY FL 34991 34991				DO NOT WRITE IN THIS SPACE						
US US OF							3. Date Incorporated or Qualified 02/02/1984					
2. Principal P	lace of Business	2a. i	Mailing Address				4. FEI Number	***			App	lied For
Suite. Apt. #. etc.			26				59-23380	51				Applicable
22			Suite, Apt. #, etc.				5. Certificate of SI	atus Desired			(5 Ade Req	ditional uired
City & State			City & State				6. Election Campa	-				fay Be
Zip Country			28				Trust Fund Cor 8. This corporation				ded to	
24 25 29							Personal Prope	rty Tax due Jun	e 30. 🕽	Yes	_	No.
1.42	 Name and Address of NDRUM, RICHARD, H 	f Current Registe	red Agent		31	Name	10. Name and Add	iress of New R	egistered 4	Agent		:
2646 SW MAPP ROAD, STE 205												
2010 S.W. CORNELLAVE. 2949 SW Cornell Ave Or					32	Street Addr	ess (P.O. Box Number	is Not Accepta	ble)			
PAI	LM CITY FL 34990		v	8	33							·
				8	34	City			FL	85	Zip Co	ode
11. Pursuant	to the provisions of Sections	607.0502 and 607	.1508, Florida Statu	ites, the abo	ove	named corp	oration submits this st	atement for the		changi	ng its	registered
agent, I a	to the provisions of Sections egistered agent, or both, in m familiar with, and accept I	he obligations of, t	ection 607.0505, F	autnorizeo Torida Statui	tes.	tne corporat	on's poard or director	s. I nereby acce	pr the app	ointmen	t as re	egisterea
SIGNATURE	Signature luned or printed name of re-	rictored anent and title if	unnlicable (NC	TE: Basistared (at olgopature requir	od when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS			13.	-gci	r signature requir	ADDITIONS/CHA	NGES TO OFFI		DIREC	TORS	IN 12
TITLE	PTD DELETE		1.1 TITLE	Ε					Char	nge	Addition	
NAME	LANDRUM, RICHARD 2949 S.W. CORNELL			1,2 NAM	-							
STREET ADDRESS CITY-ST-ZIP	PALM CITY FL			1	1.3 STREET ADDRESS 1.4 City-St-Zip					21	laa i)
TITLE	VSD DELETE		2.1 TITLE	_	- ZIF				☐ Char	ige	Addition	
NAME	LANDRUM, JANE S.			2.2 NAM	E						-	_
STREET ADORESS	2494 S.W. CORNELL	AVE.		2,3 STRE	ET A	ADDRESS				_		
CITY - ST - ZIP	PALM CITY FL D L DELETE		2. 4 CITY		r-ZIP					199		
TITLE NAME	CLARK, ELIZABETH L	ETH LAND		3.1 TITLE						☐ Char	ige	Addition
STREET ADDRESS	JOEA MIDDLE DIVED DONE				3.2 NAME 3.3 STREET ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4. CITY						3	33	04
TITLE	D DELETE		4.1 TITLE						Chan	ge	Addition	
NAME	SWISHER, ROBERT			4. 2 NAM	Æ							
STREET ADDRESS	4 BANCHORY CT. PALM BCH. GARDENS	E		4.3 STRE						22	41	2
CITY-ST-ZIP TITLE	I ALM DOTT GARDENG	7 t fee	DELETE	4.4 CITY 5.1 TITLE		- ZIP				☐ Chan		Addition
NAME			Land Deletin	5.2 NAM		1				0.1011	y .	reduited
STREET ADDRESS				5.3 STRE		DDRESS	-					
CITY PT 7ID						I						

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. CH LONGBE REQUIRED **SIGNATURE:**

NAME

STREET ADDRESS

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

1-29-98 (561)286-1324

Change Addition