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

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

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888 EXECUTIVE CENTER DRIVE

ST. PETERSBURG FL 33702

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33384

Country

Principal Place of Business

US

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888 EXECUTIVE CENTER DRIVE ST. PETERSBURG FL 33702

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ABRA SOFTWARE, INC.

4	25 23	'L	30			T GISONALT TOPERTY TAX:				
	9. Name and Address of Current Reg	istered Agent				10. Name and Address of New Registered	Agent			
			7	81	Name	В				
FOSTER, JAMES F					Cton	t Addition (D.O. Poy Number in Net Accomtable)				
888 EXECUTIVE CENTER DRIVE WEST SUITE 300				82	Street Address (P.O. Box Number is Not Acceptable)					
				83	The same of the state of the same of the s					
ST. PETERSBURG FL 33702			[[17] [18] [18] [18] [18] [18] [18] [18] [18					
• • • • • • • • • • • • • • • • • • • •			1	84	City		85 Zip C	ode		
		***				FL	obonaina ita	rogistored		
11. Pursuant	to the provisions of Sections 607.0502 and	607.1508, Florida Statut	es, the ab	ove- hv tl	-named he cori	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appoi	changing its ntment as rec	registered sistered		
agent. I a	m familiar with, and accept the obligations	of, Section 607.0505, Flo	rida Statu	tes.		polacon o Board or Employer		,		
SIGNATURE							•			
SIGNATURE	Signature, typed or printed name of registered agent and ti	le if applicable (NOTE	Registered A	Agent:	signature	e required when reinstating) , DATE				
12.	OFFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	PD	☐ DELETE	1.1 TITL	Æ		1.00	Change	Addition		
NAME	FOSTER, JAMES F		1.2 NAN	ME		,				
STREET ADDRESS	888 EXECUTIVE CENTER DRIVE W.	STE. 300	1.3 STR	REET A	ADDRESS	s				
CITY-ST-ZIP	ST. PETERSBURG FL		1,4 CIT	Y-ST-	- ZIP		. ;			
TITLE	S	☐ DELETE	2.1 TITL	Æ			☐ Change	Addition		
NAME	REBACK, SHELLEY W		2.2 NAM	ME						
	11413 ISAAC NEWTON SQ.				ADDRESS	s				
STREET ADDRESS			2.4 CIT			<u> </u>				
CITY-ST-ZIP	RESTON VA	□ DELETE	3.1 TITL		- ZIP		Change	Addition		
TITLE	NT DAMES						9•			
NAME	BOSSERMAN, DAVID		3.2 NAN	-						
STREET ADDRESS	11413 ISAAC NEWTON SQUARE		3.3 STR	REET	ADDRESS	S				
CITY-ST-ZIP.	RESTON VA		3.4. CIT		-ZiP		the state	84) (180) ·		
TITLE	CD	☐ DELETE	4.1 TML	LE		A STATE OF THE STA	Change :	· (: [] Addition		
NAME	DAVENPORT, TIMOTHY A		4. 2 NA	ME		,				
STREET ADDRESS	11413 ISAAC NEWTON SQ		4.3 STF	REET	ADDRES	s				
CITY-ST-ZIP	RESTON VA		4.4 CIT	Y-ST-	-ZIP					
TITLE		☐ DELETE	5.1 TTL	LE			☐ Change	☐ Addition		
NAME.			5.2 NA	ME						
STREET ADDRESS			5.3 STF	REET /	ADDRES	s				
CITY-ST-ZIP	·-		54 CIT	Y-ST-	-ZIP					
TITLE		☐ DELETE	6.1 TITL	LE			Change	Addition		
NAME	,	_	6.2 NA	ME						
			63.STR	REFT	ADDRESS	s				
STREET ADDRESS			6.4 CIT							
CITY-ST-ZIP	and it. About the information around of with this	filing door not qualify fo				ed in Section 119.07(3)(i), Florida Statutes. I further ce	tify that the in	formation		
indicated	certify that the information supplied with the on this annual report or supplemental annu	al report is true and accu	rate and t	that	my sig	gnature shall have the same legal effect as if made und	er oath; that I	am an		

Country

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90025 045 ***150.00

FL 85 Zip Côde tion submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition		t carriado cas pisas erros erros táticados de presentados de conse	1 8 11 J		Oki Ololi IBBI
3. Date Incorporated or Qualifed 04/01/1991 4. FEI Number 52-1722727					
3. Date Incorporated or Qualifed 04/01/1991 4. FEI Number 52-1722727					
4. FEI Number 52-1722727 S. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent FL 85 Zip Code tion submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition			CE		
Applied For S2-1722727 Not Applicable S8.75 Additional Fee Required 6. Election Campaign Financing S5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) FL 85 Zip Code			•		
\$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent 6. (P.O. Box Number is Not Acceptable) FL 85 Zip Code 15 total of directors. I hereby accept the appointment as registered as board of directors. I hereby accept the appointment as registered 10 change Addition 11 Change Addition 12 Change Addition 13 Change Addition 14 Change Addition 15 Change Addition 16 Change Addition 17 Change Addition 18 Change Addition 19 Change Addition 10 Change Addition 10 Change Addition 10 Change Addition 11 Change Addition 12 Change Addition 13 Change Addition 14 Change Addition 15 Change Addition 16 Change Addition 17 Change Addition 18 Change Addition 19 Change Addition 10 Change Addition 10 Change Addition 10 Change Addition 10 Change Addition 11 Change Addition 11 Addition 12 Change Addition 13 Change Addition 14 Change Addition 15 Change Addition 16 Change Addition 17 Change Addition 18 Change Addition 19 Change Addition 10 Change Addition 10 Change Addition 10 Change Addition 10 Change Addition 11 Change Addition 11 Change Addition 12 Change Addition 13 Change Addition 14 Change Addition 15 Change Addition 16 Change Addition 17 Change Addition 18 Change Addition 18 Change Addition 18 Change Addition 19 Change Addition 10 Change Addition 11 Change Addition 12 Change Addition 13 Change Addition 14 Change Addition 15 Change Addition 16 Change Addition 17 Change Addition 18 Change Addition 18 Change Addition 18 Change Addition	4.	FEI Number	Γ		
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Trust Fund Contribution	5.	Certificate of Status Desired \$ 1			
Personal Property Tax.	6.				
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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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: