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

PROFIT CORPORATION ' ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012466 (8)

VISUAL SOFTWARE SOLUTION, INC.

Principal Place of Business Mailing Address						I (EDITORE EIN 1910E II DIT BUTE ANDER ONDIT UBENT EINE ITEL EESIN AUTUR TIEFE			
3057 CORAL SPRING DRIVE SUITE 203		3057 CORAL SUITE 203	3057 CORAL SPRING DRIVE						
CORAL SPRINGS FL 33065			CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE			
1		• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified			
						12/14/1992			
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number	AF	plied For	
21		26	26			65-0389045	No	ot Applicable	
Suite, Apt, #, etc.		_	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Ra	
23		28				Trust Fund Contribution	Added t		
		Zip	Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30.	¥ Yes □] No	
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent		
F	SCOTO, RODRIGO			81	Name	, ·			
3057 CORAL SPRING DRIVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
SUITE 203									
CORAL SPRINGS FL 33065			83				ļ		
				84	City	<u> </u>	85 Zip (Code	
								s registered	
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 as	rent and title if applicable	(NOTE, Registers	d Age	nt signature required	d when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	PD DELETE 1.1		1.1 TITLE			☐ Change	Addition		
NAME	11		1.2 N	1.2 NAME					
STREET ADDRESS			1.3 S	1.3 STREET ADDRESS					
CITY-ST-ZIP CORAL SPRINGS FL			1.4 C	1.4 CITY - ST - ZIP					
TITLE				2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME				ļ		
STREET ADDRESS	A A A A A A HALF THE A COALERS		2.3 STREET ADDRESS						
CITY-ST-ZIP			HY-S	T-ZIP			-		
TITLE				3.1 TITLE			☐ Change	Addition	
NAME	32		3.2 N	3.2 NAME					
STREET ADDRESS	:55		3.3 S	3.3 STREET ADDRESS					
City-ST-ZiP	3.4.		3.4. CITY-ST-ZIP						
TITLE			4.1 TITLE			Change	Addition		
NAME			4, 2 1	IAME					
STREET ADDRESS		•	4.3 5	TREET,	ADDRESS				
City-St-Zip	:	•	4.4 C	ITY-SI	- ZIP				
TITLE		☐ DE					☐ Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 charged, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

2 D. M. BRECHWARD M Bloom

DELETE

1/14/98

FILED

Jan 26 1998 8:00am

Secretary of State

924 APS 8AA8

Change

___ Addition