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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027368 1. Corporation Name

	SOFTWARE,	INC.												
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Principal Place	e of Business		M	lailing Address						1 0 147		11111 1111	(B) (B)) (BB)	
608 S.W. 27TH STREET 6281 - 39TH ST N.														
GAINESVILLE F	L 32607			E. C					BO NO.	14001WF 141 TH	COACE			
		•	PII US	nellas park f S	-L 34665				3. Date incorporated or Qu	WRITE IN THI	SSPACE			
									04/13/1993					
	Place of Business		2a	. Mailing Addre	ess				4. FEI Number		Ĺ		ied For	
6281	39TH STRE	ET N, #C	26						59-3300712	<u> </u>			Applicable	
Suite, Apt.	#, etc.		\vdash	Suite, Apt. #,	etc.	·	_ :		5. Certifcate of Status Desi	red	·	75 Ad e:Requ	lditional	
22 - #C			27	City & State	-		==		a Flactice Compaign Finan			00 м	~	둑
City & Stat	LAS PARK,	·FL	28	City & State		**	•		6. Election Campaign Finar Trust Fund Contribution			ded to		
Zip	THE THICK	Country	20	Zip		Coun	try	.,	8. This corporation owes th	e current vear l				
33781	25	USA	29	33781		30			Personal Property Tax.		☐Yes	Œ	ΩNο	
		Address of Curr							10. Name and Address of	New Registered	l Agent			
		1224				{	B1 I	Name						
	ES, DAVID E.					1	82 3	Street Addre	ess (P.O. Box Number is Not A	cceptable)				
6281 39TH ST N Suite C						١.	83			·	.,,			
	ELLAS PARK FI	_ 34665				`	53							
						[1	84	City		F	85	Zip Co	ode	
44 Pursuant	to the provisions	of Sections 607.0	502 and 6	607.1508, Florid	da Statut	es, the abo	ove-n	named corp	oration submits this statement f	or the numose o	f changin	g its re	egistered	
office or r	registered agent,	or both, in the Sta	te of Flori	ida. Such chang	ge was a 0505, Flo	uthorized l	by the	ne corporation	on's board of directors. I hereby	accept the app	pintment a	as regis	stered	
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CIONATURE		•			-		.03.							
SIGNATURE	Signature, typed or pri	inted name of registered a	agent and title						d when reinstating)	DATE				
SIGNATURE		of registered a		if applicable.	(NOTE	: Registered A	igent si			DATE	ND DIRE	CTOR	S IN 12	
	PD	OFFICERS		if applicable.		: Registered A	igent si		d when reinstating)	DATE		CTOR		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4/26/99

7275260331

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90143 024 ***150.00