

5-7-98 B 6717 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000031439 (1)

1. Corporation Name

T.I.S. SOFTWARE, INC.

Principal Place of Business

Mailing Address

888 S.E. 3RD AVE.  
SUITE 500  
FT. LAUDERDALE FL 33316  
US

888 S.E. 3RD AVE.  
SUITE 500  
FT. LAUDERDALE FL 33316  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1993

4. FEI Number

59-3176130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMILLERI, MICHAEL  
888 S.E. 3RD AVE.  
SUITE 500  
FT. LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CAMILLERI, MICHAEL  
STREET ADDRESS 888 S.E. 3RD AVE., SUITE 500  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME SIMMONS, JENNIFER  
STREET ADDRESS 555 LUCERNE AVE.  
CITY-ST-ZIP TAMPA FL 33604

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME SIMMONS, MICHAEL  
STREET ADDRESS 555 LUCERNE AVE.  
CITY-ST-ZIP TAMPA FL 33604

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME ARMPRIESTER, JACOB A  
STREET ADDRESS 888 S.E. 3RD AVE., SUITE 500  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 9417 RICHMOND CIRCLE  
4.4 CITY-ST-ZIP BOCA RATON, FL 33434

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

JACOB A. ARMPRIESTER TD 4/27/98

1954)  
390.0100

CR2E034 (10/97)