PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90046 021 ***150.00

DOCUMENT # P93000054332 1. Corporation Name

TOTAL PERFORMANCE SOFTWARE, INC.						
Principal Place of Business Mailing A	ddress		- I (BB)((BB)(1)0 (B)00 ()(() 00)1(80)	it Militi silliği Milli	-:470 II!O# (T# # (##
6241 S TEX POINT ROOKS IND. PARK HOMASASSA FL 34448 US 6241 S TEX POINT ROOKS IND. PARK HOMOSASSA FL 34448 US			DO NOT WRIT 3. Date incorporated or Qualifed	E IN THIS SPA	ACE	
The second of th			07/30/1993			
Principal Place of Business 2a. Mailin	g Address		4. FEI Number		Appl	lied For
21 6241-5. TEX HT. 26 60		GL Pr_	<u>59-3178259</u>			Applicable
Suite, Apt. #, etc. Suite, 22	Apt. #, etc.		5. Certifcate of Status Desired	_ \$	8.75 Ac Fee Req	I .
 1 .	State MOSASSA F		Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	· .
Zip Country Zip 24 34448 25 USA 29 36	Cour	US A	This corporation owes the curre Personal Property Tax.			□No
9. Name and Address of Current Registered A			10. Name and Address of New R	egistered Age	nt	
		81 Name				_
BOLTON, HARRY J		82 Street Addre	ss (P.O. Box Number is Not Acceptal	ole)	• • • • • • • • • • • • • • • • • • • •	
217 N. ROBIN HOOD RD.			·			
INVERNESS FL 34450		83				
	ŀ	84 City		FL	5 Zip Co	ode
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Pursuant to the provisions of Sections 607.0502 and 607.150 office or registered agent, or both, in the State of Florida. Suc agent. I am amiliar with, and accept the attractions of Section.	n 607.0505, Florida Statu	pove-named corporation by the corporation ites.	ration submits this statement for the parties board of directors. I hereby accep	ourpose of chait the appointme	nging its regi	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am amiliar with, and accept the editions of Section	n change was authorized n 607.0505, Florida Statu Wi GHAM	by the corporation ites.	n's board or directors. I hereby accep	ourpose of char the appointment DATE	nging its regi	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the officiations of Section	h change was authorized n 607.0505, Florida Statu WIGHM le. (NOTE: Registered /	pove-named corpo by the corporation ites. Agent signature required	n's board or directors. I hereby accep	94/23 DATE	ant as regi	3 RS IN 12
office or registered agent, or both, in the State of Florida. Suc agent, I am amiliar with, and accept the officiations of Section SIGNATURE Signature, typed or primed name of registered agent and title if applications.	h change was authorized n 607.0505, Florida Statu WIGHM le. (NOTE: Registered /	by the corporation ites. Agent signature required	n's poard of directors. Thereby acceptions	DATE DATE FICERS AND D	ant as regi	7
office or registered agent, or both, in the State of Florida. Suc agent, I am amiliar with, and accept the officiations of Section SIGNATURE Signature, typed or primed name or registered agent and title if applicable to the state of Florida. Succept the official section of Section SIGNATURE 12. SEFICERS AND DIRECTOR: TITLE D NAME WIGHAM, IVOR L	h change was authorized in 607.0505, Florida Statu	by the corporation ites. Agent signature required	n's poard of directors. Thereby acceptions	DATE DATE FICERS AND D	IRECTOR	3 RS IN 12
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Addition

Change