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

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90202 009 ***150.00

DOCUMENT # P93000067856

1. Corporation Name
LYNNSOFT INC.

Principal Place of Business	Mailing Address
305 MOUNTAIN DRIVE, SUITE E DESTIN FL 32541	305 MOUNTAIN DRIVE, SUITE E DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/29/1993

2. Principal Place of Business		2a. Mailing Address	
21	305 Main St.	26	305 Main St.
22 Suite, Apt. #, etc.	# 18	27 Suite, Apt. #, etc.	# 18
23 City & State	Destin, FL	28 City & State	Destin, FL
24 Zip	32541	29 Zip	32541
25 Country	USA	30 Country	USA

4. FEI Number	Applied For
65-0468583	Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SATHNGAM, OTT S
305 MOUNTAIN DRIVE, SUITE E
DESTIN FL 32541

10. Name and Address of New Registered Agent

81	Name	Pamela Sathngam
82	Street Address (P.O. Box Number is Not Acceptable)	305 Main St.
83		Suite # 18
84	City	Destin	FL	85 Zip Code 32541

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 *Pamela Sathngam* Pamela Sathngam 4/27/1999
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	P ☐ DELETE	1.1 TITLE P/D	☒ Change ☐ Addition
NAME	SATHNGAM, OTT S	1.2 NAME Sathngam, Ott S	
STREET ADDRESS	30 MARINA POINT ROAD, UNIT 105	1.3 STREET ADDRESS 4100 Drifting Sand Trail	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP Destin, FL 32541	
TITLE	☐ DELETE	2.1 TITLE T/S/D	☐ Change ☒ Addition
NAME		2.2 NAME Sathngam, Pamela L	
STREET ADDRESS		2.3 STREET ADDRESS 4100 Drifting Sand Trail	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Destin, FL 32541	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: *Pamela Sathngam* Pamela Sathngam 4/27/99 (850)650-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #