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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000004681

1. Corporation Name
SOFTCACHE, INC.



Principal Place of Business
**1594 ROXBURG LN
 DUNEDIN FL 34698**

Mailing Address
**1594 ROXBURG LN
 DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1994

2. Principal Place of Business
 21 **2320 Watrous Dr.**

2a. Mailing Address
 26 **2320 Watrous Dr.**

4. FEI Number
59-3248966

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
Dunedin, FL

28 City & State
Dunedin

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **34698** 25 Country

29 Zip **FL** 30 Country **34698**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSSIAN, MARK A
 1150 CLEVELAND ST
 SUITE 400
 CLEARWATER FL 34615**

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
 NAME **HAMLIN, THEODORE I JR.**
 STREET ADDRESS **1594 ROXBURG LN**
 CITY-ST-ZIP **DUNEDIN FL 34698**

1.1 TITLE **D** Change Addition
 1.2 NAME **HAMLIN, THEODORE I, JR.**
 1.3 STREET ADDRESS **2320 Watrous Dr.**
 1.4 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE **ST**
 NAME **HALMIN, RACHEL E**
 STREET ADDRESS **1594 ROXBURG LANE**
 CITY-ST-ZIP **DUNEDIN FL**

2.1 TITLE **ST** Change Addition
 2.2 NAME **HAMLIN, RACHEL E.**
 2.3 STREET ADDRESS **2320 Watrous Dr.**
 2.4 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE DELETE

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

TITLE DELETE

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE

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

TITLE DELETE

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

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: **Rachel E. Hamlin** Rachel E. Hamlin, sec/treas. 4/7/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)