## 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

## DOCUMENT # P94000016905

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

LIGHT SOFTWARE SOLUTIONS, INC.

Principal Place	of Business	Mailing Address				( (EBribht tia laith Bian	•••••••••••		96.61 0 1001
16409 CYPRESS WATER WAY		16409 CYPRESS WATER WAY			Ì				
#404		#404 TANDA EL 22024			1	DO NOT WRITE IN THIS SPACE			
TAMPA FL 33624		TAMPA FL 33624			F	3. Date Incorporated or Qualifed			
					ł	02/28/1994			
2. Principal PI	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3155423	423 Not Applicable		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Des	ired	\$8.75	
22		27				5. Certificate of Status Dec		Fee Re	quired
City & State		City & State			-	6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	ry		8. This corporation owes t	he current year l		□No I
24	25	29 3	0			Personal Property Tax.	Now Designation	MYes d Agent	□No
	9. Name and Address of Current	t Registered Agent		1 Name		10. Name and Address of	New Registere	u Agent	
BEGIAN, CHARLES H				81 Name					
	9 CYPRESS WATER WAY	82 Street Ad			Addres	ress (P.O. Box Number is Not Acceptable)			
#404			92			<del></del>	<del></del> -		
	PA FL 33624		83					_	
TANKA I L 55024			8	4 City			F	85 Zip (	Code
SIGNATURE	m familiar with, and accept the obligat  Signature, typed of printed name of registered agen  OFFICERS AN	President HARLE	=5 H.	BEGI	required w	PRESIDENT hen reinstating) ADDITIONS/CHANGES	3-27  TO OFFICERS A		ORS IN 12
TITLE	D DELETE		1.1 TITLE		T			Change	☐ Addition
NAME I	BEGIAN, CHARLES H		1.2 NAME		1				1
STREET ADDRESS	16409 CYPRESS WATER WAY, #404		1.3 STREET ADDRESS		3				ļ
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		<u> </u>				
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NAME	ı.		6.2 NAM	_	1				i

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90057 013 \*\*\*150.00