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 # **P9400048699**1. Corporation Name

PERFORMANCE SOFTWARE SERVICES INC.

Principal Place of Business		Ma	Mailing Address									
100 RIALTO PLACE		100	O RIALTO PLACE									
SUITE 753			IITE 753				DO NOT WRITE IN THIS SPACE					
MELBOURNE FL 32901			MELBOURNE FL 32901 US									
US			i				3. Date Incorporated or Qualifed					
							06/27/1994					┨
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			<u> </u>	oplied For	┨,
21		26					59-3257569				ot Applicable	-
Suite, Apt. #, etc.			Suite, Apt. #, etc	: .			LE Contiferto of Status Desired				Additional	1
22		27								Fee R	equired .	-
City & State			City & State				6. Election Campaign Financing \$5.00 May Be					
23		28	28				Trust Fund Contribution Added to Fees					
Zip	Country		Zip	Cau	untry		8. This corporation ov	es the curren	it year Inta	ngible	_	
24	25	29		30			Personal Property			Yes	No]
	9. Name and Address of Current	t Regis	stered Agent				10. Name and Addres	s of New Re	gistered A	.gent		1
					81	Name						1
	RIEN, JAMES	•			82	Charact Add	iress (P.O. Box Number is	Mot Acceptab	(a)			┨
1686	WEST HIBISCUS BLVD				02	Street Add	11622 (F.O. DOX NUMBER IS	Not Acceptable	is)	of a section of		
MELI	BOURNE FL 32901				83			1	1 1	en '5 (1)		1
							·	14.	1 1 1 1	<u> </u>	1-012 19 51	4
					84	City		• • • • • • •	FI	85 Zip	Code	
	to the provisions of Sections 607.0502	0 1 0	107 4500 El	Ctatutas the s		named cor	moration submits this states	nent for the n	imose of c	hanging it:	s registered	┨
affina ar r	agistored agent or both in the State (of Hors	da Such change v	was autnorizei	O DV	ine comorai	tion's board of directors. I h	ereby accept	the appoin	tment as re	egistered	
agent. I a	m familiar with, and accept the obligat	tions of	, Section 607.050	5, Florida Stat	tutes.							
SIGNATURE												
	Signature, typed or printed name of registered agen					t signature requir	red when reinstating)	ES TO OFFI	DATE CEDS AND	DIRECT	ORS IN 12	
12.	OFFICERS AN		CTORS	13.		t signature requir	red when reinstating) ADDITIONS/CHANC	ES TO OFFI				 - -
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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 trusted 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, o) on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90064 025 ***150.00