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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P94000 Y SOFTWARE SYSTEMS, IN							
Principal Place of Business 274 WILSHIRE BLVD STE 220 CASSELBERRY FL 32707 US		Mailing Address 274 WILSHIRE BLVD STE 220 CASSELBERRY FL 32707 US		3. Date Incorporate	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
2. Principal Pl	ace of Business	2a. Mailing Address		12/12/1994 4. FEI Number		1 An	plied For	┨
21 786 Evert Ct.		26 P.D. Bax 5029		59-328649	6	<del></del>	t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Sta		\$8.75		]
City & State		City & State		6 Clastica Commu	Fee Hequired			┨
23 Winter Springs, FL		28 Winter Park, FL		i i	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			l
Zip	Country	Zip	Country		owes or has paid the ¢	urrent year Int	angible	1
24 3270	25 USA 9, Name and Address of Current		30 US		ty Tax due June 30. ress of New Registered		] No	-
274 STE CAS	DERT, MICHAEL WILSHIRE BLVD 220 SSELBERRY FL 32707  to the provisions of Sections 607.0502 splistered agent, or both, in the State of	83 84 City is, the above-named uthorized by the Arr	Michael D Address (P.O. Box Number & Evert S Unkr SPrin corporation submits this sta	55 FI		Code <b>8 270 8 s registered</b> registered		
	m tamiliar with, and accept the obligat Michael D. Gelder Signature, typed or product have of registered agent	t, President (NOTE	Registered Agent signature		DATE DATE	3/29/98		
12.	OFFICERS AND	DIRECTORS DELETE	13, 1.1 TITLE	ADDITIONS/CHA	NGES TO OFFICERS AN	ND DIRECTOR Change	S IN 12	8
NAME	GELDERT, MICHAEL		12 NAME	i		(III) Change	LJ AOJIIOII	7
STREET ADDRESS	1008 FAIRCLOTH CT.		1.3 STREET ADDRESS	786 Evert Ct. Winter Springs,				8
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY - ST - ZIP	Winter Springs	FL 32708			18
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	١
NAME			2.2 NAME					
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS					
TITLE		DELETE	2. 4 CITY-ST-ZIP  3.1 TITLE		<u> </u>	Change	Addition	1
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		T1	3.4. CITY-ST-ZIP				·	
TITLE		DELETE	4.1 TITLE			☐ Change	Addition	ł
NAME			4. 2 NAME					ļ
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition	ł
NAME ,		CT DECLIE	5.1 MAME	•		L. Vinnigo	E. AUGINORI	
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					l
TITLE		DELETE	6.1 TITLE			Change	Addition	1
NAME			6.2 NAME			-		1
STREET ADDRESS			6.3 STREET ADDRESS					
CITY_ST. 2IP			SACITY- \$1.7IP					1

14. Thereby 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 shell 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.

SIGNATURE:

Michael D. Geldert, President

3/29

**FILED** 

Apr 02 1998 8:00am

Secretary of State

(407)359-8180