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Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090830 (8)

1. Corporation Name

CNIX SOFTWARE INC.

VT



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5965 W PINE CIRCLE CRYSTAL RIVER FL 34429		Mailing Address 5965 W PINE CIRCLE CRYSTAL RIVER FL 34429	
2. Principal Place of Business 21 18533 OTTERWOOD AVE Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL 33647 Zip Country 24 33647 25 HILLSBORO		2a. Mailing Address 26 18533 OTTERWOOD AVE Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL 33647-1834 Zip Country 29 33647 30 HILLSBORO	
9. Name and Address of Current Registered Agent WOLFE, LARRY 200 - A JOHN KNOX RD TALLAHASSEE FL 32303-6643		10. Name and Address of New Registered Agent 81 Name BHAVESH RUPANI 82 Street Address (P.O. Box Number is Not Acceptable) 18533 OTTERWOOD AVE. 83 84 City TAMPA, FL 85 Zip Code 33647	

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 *Bhavesh Rupani* BHAVESH RUPANI 4/1/98
Signature of person authorized to register agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	18533 OTTERWOOD AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Bhavesh Rupani* BHAVESH RUPANI

3/14/98

CR2E034 (10/97)