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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000018386 (9)

FILED Jan 20 1998 8:00am Secretary of State

ENTERPRISE SOFTWARE STRATEGIES, INC.						 			
Principal Place of Business Mailing Address								120 (140) 181)	
1801 CLINT MOORE ROAD, SUITE 217 1801 CLINT MOORE ROAD, SUITE 217					•				
BOCA RATON FL 33487 BOCA RATON FL 33487						DO MOT MIDIT			
						DO NOT WRITE	IN THIS SP	ACE	
ļ						3. Date incorporated or Qualified			ļ
						03/07/1995		· ,	
<u> </u>	face of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0564756	<u>/</u> _		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	•			5. Certificate of Status Desired	₽	\$8.75 <i>i</i>	
22 27								Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	
23		28		·		Trust Fund Contribution	_ㅂ	Added t	
Zìp	Country	Zip		Country		8. This corporation owes or has pa			
24	9. Name and Address of Curren	29	30			Personal Property Tax due June 10. Name and Address of New Re			No
		it Hegistered Agent		81	Name	10. Name and Address of New Re	gistered Ag	em	
	RRIN, MARIE B	0.17		6'	Name				
)1 CLINT MOORE ROAD, SUITE : CA RATON FL 33487	217		82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)		
1 50	CA RATON FL 33467			83			······································	·	
				Ш					
ļ				84	City		FLİ	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida S	tatutes, the	above	s-named co	rporation submits this statement for the p		! nanging it:	s registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obliga-	of Florida. Such change v ations of, Section 607,050.	vas authori: 5. Florida S	ized by Statutes	the corpor	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appoin	itment as	registered
SIGNATURE									
Siditatone	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Regist	lered Age	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS AND	D DIRECTORS	1:	3.	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND D		
12.	OFFICERS AND		1.1	3. 1 TITLE	nt signature req		CERS AND D	IRECTOR Change	S IN 12
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