


FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 037 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000018386			
1. Corporation Name ENTERPRISE SOFTWARE STRATEGIES, INC.			
Principal Place of Business 1801 CLINT MOORE ROAD, SUITE 217 BOCA RATON FL 33487		Mailing Address 1801 CLINT MOORE ROAD, SUITE 217 BOCA RATON FL 33487	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 2601 E Oakland Park Blvd		2a. Mailing Address 26 Suite, Apt. #, etc.	
Suite, Apt. #, etc. 22 Suite 402		Suite, Apt. #, etc. 27	
City & State 23 Ft. Lauderdale, FL		City & State 28	
Zip 24 33306		Country 25 USA	
3. Date Incorporated or Qualified 03/07/1995		4. FEI Number 65-0564756	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.	
9. Name and Address of Current Registered Agent CURRIN, MARIE B 1801 CLINT MOORE ROAD, SUITE 217 BOCA RATON FL 33487		10. Name and Address of New Registered Agent 81 Name Ira Marcus 82 Street Address (P.O. Box Number is Not Acceptable) 888 E Las Olas Blvd 83 Suite 710 84 City Fort Lauderdale FL 85 Zip Code 33301	
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 <i>[Signature]</i> DATE <i>6/23/99</i>			
(NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP NAME SULLIVAN, MARTIN STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 217 CITY-ST-ZIP BOCA RATON FL 33487	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DPST 1.2 NAME Anthony Risi 1.3 STREET ADDRESS 2601 E Oakland Pk Blvd 1.4 CITY-ST-ZIP Fort Lauderdale FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DPST NAME CURRIN, MARIE B STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 217 CITY-ST-ZIP BOCA RATON FL 33487	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Anthony Risi

Date

Daytime Phone #

CR2E034 (1/98)