

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90098 016 ***150.00

DOCUMENT # P96000024107

1. Corporation Name

INSTANT SOFTWARE, INC.



Principal Place of Business

343 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 421595
KISSIMMEE FL 34742-1595

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

2. Principal Place of Business

21 129 Pine Lake View Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Davenport FLORIDA

Zip Country

24 33837 25 POLK

27 City & State

28

Zip Country

29 30

4. FEI Number

59-3367268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

SCOTT DYER

82 Street Address (P.O. Box Number is Not Acceptable)

325 VIA DEL SOL

83

84 City

DAVENPORT

FL

85 Zip Code

33837

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

SCOTT E. DYER

SEC/TREAS/DIR

1-8-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOPCROFT, DAVID B
STREET ADDRESS 343 ALMERIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ DELETE

NAME MACNAUGHT, DOUGLAS S
STREET ADDRESS 343 ALMERIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE STD ☐ DELETE

NAME DYER, SCOTT E
STREET ADDRESS 343 ALMERIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

129 Pine Lake View Drive
DAVENPORT FLORIDA 33837

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

129 Pine Lake View Drive
DAVENPORT FL 33837

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

325 VIA DEL SOL
DAVENPORT FL 33839

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

941-424-1163

Daytime Phone #

CR2E034 (11/98)