## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028613 (3)

BUGS SOFTWARE, INC.

Principal Place of Business

Mailii

FILED Sep 30 1998 8:00am Secretary of State



1950 NORTHEA	AST 207TH STREET BEACH FL 33179	1950 NORTHEAST 207TH ST NORTH MIAMI BEACH FL 33		DO NOT WRITE IN TO 3. Date Incorporated or Qualified 04/01/1996	HIS <b>\$</b> PACE
2. Principal P	lace of Business	26. Mailing Address 26, 1950 N E	2075+	4. FEI Number 65-0660719	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	imi-FL.	City & State	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33	179 25 Dade	20 Zip 3317Q 3	Country	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
ALLE	9. Name and Address of Current EN, JAMES	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
MIAN	O NE 207 ST WI FL 33179		83 City <b>M</b>	diess (P.O. Box Number is Not Acceptable)	
11. Pursuant office or a agent. I a	to the provisions of sections 607,0502 a registered agent, or both, in the State of am familiar with, and accept the obligati	and 607.1508, Florida Statutes, f Florida, Buch change was aut ons dection 607.0505, Flori	the above-named corp thorized by the corpora da Statutes.	coration submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate the control of t	changing its registered pointment as registered
SIGNATURE .	Signatur, typed or printed name of registered agent a	nd title if applicable (NOTE	E: Registered Agent signature re	<u> </u>	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
ITTLE DELETE  NAME ALLEN, JAMES N  STREET ADDRESS 1950 NORTHEAST 207TH STREET			1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		1.3 STREET ADDRESS		
TITLE NAME	ALLEN, DANIELLE D  1950 NORTHEAST 207TH STREET NORTH MIAMI BEACH FL 33179		2.1 TITLE 2.2 NAME		Change Addition
STREET ADORESS CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			3.4 CITY-ST-ZIP		
NAME		L DELETE	4.1 TITLE 4.2 NAME		L_ Change _ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	900002653	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	900002653 -10/02/9801005-	-027
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		$\sum_{i} \mathcal{F}_{i}$
CITY-ST-ZIP			6.4 CITY-ST-ZIP		<i>√</i> √. ,
an onicer o	rtify that the information supplied with the n this annual report or supplemental an or director of the corporation or the rece or Block 13 if changed, or on an attach	var or trustee empouvered to e	exemption stated in sec	ction 119.07(3)(i), Florida Statutes. I further certii e shall have the same legal effect as if made un equired by Chapter 607, Florida Statutes; and th	y that the information der oath; that I am at my name appears

Blacks



1950 N.E. 207 St Miami,Fla 33179

Voice 305.940.0400 fax 305.940.0036 email bugs@icanect.net

Friday, August 28, 1998

Division of Corporations annual Reports filing PO Box 1500 Tall., Fl. 32302-1500

## To Whom It May Concern:

This is a note to advise the correct department that we did not receive the first notice; annual report filings.

I called and spoke to a Grace Watson who explained that I should send a letter stating this. Enclosed is a check for \$150.00 which I was told to send instead of the late fee due to not receiving

the first notice.

Sincerely
Denielle D. Allen

