**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000028613

1. Corporation Name

BUGS SOFTWARE, INC.

Principal Place of Business   Mailing Address							
MAMI FL 33179   MIAM FL 33179   DO NOT WRITE IN THIS SPACE	Principal Place	e of Business	Mailing Address			1 12511361 (19 15110 81111 SBILL SBILL BELL BELL BELL BELL BELL BELL BELL	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 4. FEI Number 2. Applied F 21 25 25 25 25 25 25 25 25 25 25 25 25 25	1950 NE 207 ST	г.					
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Carb Incorporated or Qualifed O4/01/1998 4. FEI Number   Applied F. St. Conflicted of Status Desired   Applied F. St. Conflicted of Status Desired   Applied F. St. Applied F. Suite, Apt. #, etc. 2. City & State   Country   Zip   Zip	MIAMI FL 33179	1	MIAMI FL 33179			DO NOT WRITE IN THIS SPACE	
Country   Zip   Resonal Property Tax   Xives   Nave   Zives	)		•				
2. Principal Place of Business   2. Mailing Address   4. FEI Number   5-0660719   Applied						1	- (
Sulte, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. This corporation owes the current year intangible Personal Property Tax.  Added to Fees  Added to Fees  AllEN, DANIFLLE D  1950 NE 207 ST  MIAMI FL 33179  83  84  City  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Stabutes, suth erabove-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida, Subtress, the erabove-named corporation submits this statement for the purpose of changing its register office or registered agent, and accept the obligations of, Section 607.0505, Florida Stabutes, suther adversed by the corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stabutes.  SIGNATURE Signatura, hypes or private name of impatitions agent and also if registered agent	2 Principal Pl	ace of Business	2a Mailing Address				or .
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Silve, Apt. #, etc.	<u> </u>	ace of Business	<u> </u>				
City & State  City & State  City & State  City & State  Zip  County  Signature and Address of Current Registered Agent  AllEN, DANIELLE D  1950 NE 207 ST  MiAMI FL 33179  AllEN, DANIELLE D  1950 NE 207 ST  MiAMI FL 33179  All County  Signature with, and accept thre obtagations of, Section 607, 2505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, I am familiar with, and accept thre obtagations of, Section 607, 2505, Florida Statutes.  SIONATURE  Signature, speed or printed rame of registered agent and tile if application.  ALLEN, JAMES N  SIREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI, BEACH FL 33179  TITLE  DELETE  JITTLE  JOBLETE		# etc.				<b>\$8.75</b> Additiona	
City & State    City & State   City & State   Country   Zip   Country   Added to Fees   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zi		··· · · · · · · · · · · · · · · · · ·		<u></u>		5. Certificate of Status Desired	
Zip Country Zip Country 8. Trust Fund Contribution Added to Fees  Zip Country 9. Name and Address of Current Registered Agent 10. Name and Address of New Re		te City & State		-		6. Election Campaign Financing S5.00 May Be	3
Zip			28		_	Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent  ALLEN, DANIELLE D 1950 NE 207 ST MIAMI FL 33179  81   Name  82   Street Address (P.O. Box Number is Not Acceptable)  83   Name  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   Name  81   Name  82   Street Address (P.O. Box Number is Not Acceptable)  83   Name  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   Name  81   Name  82   City   FL   85   Zip Code  83   Name  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  81   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  85   City   Street Address (P.O. Box Number is Not Acceptable)  85   City   Street Address   City   Street Address		Country	Zip	Country	,		
ALLEN, DANIELLE D 1950 NE 207 ST MIAMI FL 33179  82 Street Address (P.O. Box Number is Not Acceptable)  83   Marker   84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  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 register of control of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  81   Name   82   Street Address (P.O. Box Number is Not Acceptable)  83   Name   84   City   FL   85   Zip Code  15   City   FL   85   Zip Code  16   City   FL   85   Zip Code  17   City   City	24	<b>25</b>	293	30			
ALLEN, DANIELLE D 1950 NE 207 ST MIAMI FL 33179  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL  85 Zip Code  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 register of 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, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, hyper or printed name of registered agent and title if application  (NOTE: Registered Agent algorithms required when releasablery)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11THLE  DAME  ALLEN, JAMES N  STREET ADDRESS  13 STREET ADDRESS  13 STREET ADDRESS  13 STREET ADDRESS  14 CITY-ST-ZPP  NORTH MIAMI, BEACH FL 33179  DELETE  13 STREET ADDRESS  14 CITY-ST-ZPP  Change  A LIEN, JANIELLE D  STREET ADDRESS  17 ST-ZPP  NORTH MIAMI BEACH FL 33179  DELETE  18 STREET ADDRESS  18 STREET ADDRE		9. Name and Address of Current	Registered Agent		_	10. Name and Address of New Registered Agent	
1950 NE 207 ST MIAMI FL 33179    83	A11F	N DAMELLE D		81	Name		
MIAMI FL 33179    83				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. It is statement for the purpose of changing its register of 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, 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  11. TITLE  ALLEN, JAMES N  STREET ADDRESS  CITY-ST-ZP  NORTH MIAMI, BEACH FL 33179  TITLE  STD  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZP  INORTH MIAMI BEACH FL 33179  TITLE  MAWE  STREET ADDRESS  CITY-ST-ZP  TITLE  MAWE  STREET ADDRESS  CITY-ST-ZP  TITLE  MAWE  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  MAWE  STREET ADDRESS  CITY-ST-ZP  TITLE  MAWE  STREET ADDRESS  CITY-ST-ZP  TITLE  MAWE  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  MAWE  STREET ADDRESS  CITY-ST-ZP  TITLE  MAYE  Change  A CONTROL TITLE  Change  Chan				<u> </u>	<u> </u>	<u> </u>	
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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI, BEACH FL 33179  ITILE  STD  DELETE  1.1 TITLE  STD  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI, BEACH FL 33179  DELETE  2.2 STREET ADDRESS  CITY-ST-ZIP  ITILE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NORTH MIAMI BEACH FL 33179  DELETE  3.1 TITLE  3.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  NORTH MIAMI BEACH FL 33179  DELETE  3.1 TITLE  3.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  Change  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  DELETE  Change  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  STREET ADDRES	MAN	AII FL 33179		83			Ì
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 register 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, am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 171 TITLE  ALLEN, JAMES N  STREET ADDRESS  OTV-ST-ZPP  NORTH MIAMI, BEACH FL 33179  DELETE  1.1 TITLE  ALLEN, DANIELLE D  STD  ALLEN, DANIELLE D  STREET ADDRESS  OTV-ST-ZPP  NORTH-MIAMI BEACH FL 33179  DELETE  1.2 NAME  3.2 NAME  3.3 STREET ADDRESS  OTV-ST-ZPP  NORTH-MIAMI BEACH FL 33179  DELETE  3.1 TITLE  AMME  3.2 NAME  3.3 STREET ADDRESS  OTV-ST-ZPP  TITLE  NORTH-MIAMI BEACH FL 33179  DELETE  3.1 TITLE  AMME  3.2 NAME  3.3 STREET ADDRESS  OTV-ST-ZPP  TITLE  ANAME  3.3 STREET ADDRESS  CITY-ST-ZPP  TITLE  AMME  3.4 NAME  3.5 NAME  3.5 STREET ADDRESS  CITY-ST-ZPP  TITLE  ALLEN, DANIELLE D  Change  ALLEN, DANIELLE D  STREET ADDRESS  CITY-ST-ZPP  TITLE  ALLEN, DANIELLE D  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZPP  TITLE  ALLEN,				84	City	85 Zip Code	$\neg$
Agent. I am familiar with, and accept the obligations of, Section 607 USUS, Florida Statutes.  SIGNATURE    12.					L		
Agent. I am familiar with, and accept the obligations of, Section 607 USUS, Florida Statutes.  SIGNATURE    12.	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was aut	s, the above Inorized by	e-named corp the corporation	on's board of directors. I hereby accept the appointment as registered	j
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	,	• • •	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE PD D DELETE 1.1 TITLE	SIGNATURE	<u></u>					- }
TITLE PD DELETE 1.1 TITLE Change A  ALLEN, JAMES N  STREET ADDRESS CITY. ST. ZIP  NORTH MIAMI, BEACH FL 33179  TITLE STD ALLEN, DANIELLE D  STREET ADDRESS CITY. ST. ZIP  TITLE  NORTH MIAMI BEACH FL 33179  TITLE  STREET ADDRESS CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS CITY. ST. ZIP  TITLE  DELETE  AL CITY. ST. ZIP  TITLE  Change A  Change A  AL CITY. ST. ZIP  TITLE  Change A  Chan	40				nt signature require	,	12
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90102 025 \*\*\*150.00

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