


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000056890 (2) 1. Corporation Name SIKE SOFTWARE INC.					
Principal Place of Business 11312 62ND STRET PINELLAS PARK FL 3466			Mailing Address 11312 62ND STRET PINELLAS PARK FL 3466		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3401137	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DISANTO, MICHAEL 11312 62ND STRET PINELLAS PARK FL 3466				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DISANTO, MICHAEL				
STREET ADDRESS	1201 CLUB GOLDENROD LANE #76				
CITY-ST-ZIP	ORLANDO FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	SHAKINOVSKY, ANDREW				
STREET ADDRESS	1112 MIAMI WOODS CT				
CITY-ST-ZIP	ORLANDO FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	DISANTO, JOE				
STREET ADDRESS	11312 62ND STREET				
CITY-ST-ZIP	PINELLAS PARK FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MORROW, ED				
STREET ADDRESS	3401 EMERALD POINTE DRIVE APT 303A				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	MILLER, KIMBERLY				
STREET ADDRESS	3401 EMERALD POINTE DRIVE APT 303A				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	SHAKINOVSKY, ANDREW				
2.3 STREET ADDRESS	107 HAWKS NEST CT				
2.4 CITY-ST-ZIP	CARY, NC 27513				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	MORROW, ED				
4.3 STREET ADDRESS	3529 EMERALD OAKS DRIVE				
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021				
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	MORROW, KIM				
5.3 STREET ADDRESS	3529 EMERALD OAKS DRIVE				
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.

SIGNATURE:

Michael Disanto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/98

407-678-6900

Daytime Phone # 0406900

CR2E034 (10/97)