

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90167 013 ***150.00

DOCUMENT # P96000064526

1. Corporation Name

LIMA SOFTWARE, INC.

Principal Place of Business

5697 RATTLESNAKE HAMMOCK RD.
UNIT C108
NAPES FL 34114

Mailing Address

5697 RATTLESNAKE HAMMOCK RD.
UNIT C108
NAPES FL 34114



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1996

4. FEI Number

65-0685496

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

LIMA, FLAVIO C
5697 RATTLESNAKE HAMMOCK RD.
UNIT C108
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name

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

83 4126 ROYAL WOOD BLVD

84 NAPLES

FL

85 Zip Code

34112

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

FLAVIO LIMA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.20.99

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME LIMA, FLAVIO C
STREET ADDRESS 5697 RATTLESNAKE HAMMOCK ROAD UNIT C108
CITY-ST-ZIP NAPLES FL 34113

TITLE SD
NAME PAIS, MARIA F
STREET ADDRESS 5697 RATTLESNAKE HAMMOCK ROAD UNIT C108
CITY-ST-ZIP NAPLES FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PTD
12 NAME LIMA, FLAVIO C
13 STREET ADDRESS 4126 ROYAL WOOD BLVD
14 CITY-ST-ZIP NAPLES, FL 34112

21 TITLE SD
22 NAME PAIS, MARIA F.
23 STREET ADDRESS 4126 ROYAL WOOD BLVD
24 CITY-ST-ZIP NAPLES, FL 34112

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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

Date

Daytime Phone #

4.20.99 (941) 417 2133

CR2E034 (11/98)