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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000083658**

COLLIER'S SOFTWARE SERVICES, INC.

Principal Place of Business Mailing Address 7321 NW 1ST MANOR 7321 NW 1ST MANOR	
7321 NW 1ST MANOR 7321 NW 1ST MANOR	21 21121 1511 1607
PLANTATION FL 33317 US PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE	
US US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
10/07/1996	
2. Fillicipal Flace of Dusiness	Applied For
21 65-0701252	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75	Additional
22 27 Feet	Required
	May Be
23	to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	□No
24 25 25 30	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 2	·
COLLIER, CHESTER W	
1212 NW 15TH ST 82 Street Address (P.O. Box Aumber is vior Acceptable)	
THE AMPROPALE PLANNER.	
FI LAUDERDALE FL 33311	ļ
84 CityP/ANTATION FL 85 Z	3317
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 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	ts registered registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE	ł
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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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.

6.4 CITY-ST-ZIP