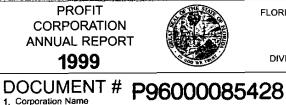
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

WILLIAMS SOFTWARE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90123 018 \*\*\*150.00

## 

								AIRI BIIII P		BI 1811   1891	
Principal Place	e of Business	Mailing Address									
20547 OLD CUTLER ROAD 20423 STATE RD 7											
SUITE 222		SUITE 119 BOCA RATON FL 33498				DO NOT WRITE IN THIS SPACE					
MIAMI FL 3318	9	= = -	US			3. Date Incorporated or Qualifed					
		••				10/14/1996					
2 Principal P	lace of Business	2a. Mailing Address				El Number			Appli	ed For	
21		26				65-0708326	Not Applicabl			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Add	ditional	
27						Certifcate of Status Desired		Fee Required			
City & Stat	e	City & State	City & State			6. Election Campaign Financing			\$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees				Fees	
Zip Country Zip			Country			8. This corporation owes the current year Intangible					
24	25 293		0			Personal Property Tax.					
•	9. Name and Address of Current	Registered Agent				Name and Address of New	Registered A	(gent			
			81	Name							
DELISI, WILLIAM J			82	Street	Address (P.0	ress (P.O. Box Number is Not Acceptable)					
20423 STATE RD 7											
	E 121		83								
BOC	A RATON FL 33498		84	City				85 2	Zip Co	de	
				_			FL		· .		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was auth	nonzed by	the corpo	corporation oration	submits this statement for the ard of directors. I hereby acc	e purpose of o ept the appoin	tment a	s regis	gistered	
-	m familiar with, and accept the obligat	ions or, Section 007.0505, Florid	a Olaloico	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	nt signature r	required when rei	nstating)	DATE				
12.	OFFICERS AND DIRECTORS 1		13.		A	DDITIONS/CHANGES TO C	FFICERS AN				
TITLE	VTC □ DELETE 1.1		1.1 TITLE		DP:	ナム		Chan	ige	Addition	
NAME			1.2 NAME								
STREET ADDRESS 20423 STATE RD 7, #121			1.3 STREET	T ADDRESS				•			
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP								
TITLE			2.1 TITLE	2.1 TITLE		'SC		X Chan	ıge	☐ Addition	
NAME	<del>-</del> ·		2.2 NAME	2.2 NAME							
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 2		2.4 CITY-S	ST-ZIP							
TITLE	DELETE 3.1		3.1 TITLE					Chan	ige	☐ Addition	
NAME	3.5		3.2 NAME								
STREET ADDRESS	DORESS 3		3.3 STREE	3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE					Char	ige	Addition	
NAME	4.		4. 2 NAME	4. 2 NAME							
STREET ADDRESS	DDRESS 43		4.3 STREE	4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-S	4.4 CITY-ST-ZIP							
TITLE	☐ DELETE 5.1		5.1 TITLE	5.1 TITLE				Char	ige	Addition	
NAME			5.2 NAME								
STREET ADDRESS			53 STREE	T ADDRESS							
CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
		□ noicte	61 TITLE					Char	106	Addition	

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 changes, or on an attach fight with an address, with all other like empowered.

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98