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

DOCUMENT # P96000085871(7)

1. Corporation Name

BCA SOFTWARE SALES, INC.

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90001 045 ***150.00

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Principal Place of Business Mailing Address							.441 84161 84544 8451	* 10047.10		'n 61 0 a t 1811 (88)	
3300 UNIVERSITY BLVD STE. 251 WINTER PARK FL 32792 3300 UNIVERSITY BLVD STE. 251 WINTER PARK FL 32792				TE. 251							
								WRITE IN THI	S SPA	CE	
							 Date Incorporated or Qual 10/15/1996 	ifed			
Principal Place of Business 2a. Mailing Address							4. FEI Number			Ar	pplied For
21 26							59-3405605				ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desire		\$8		Additional
22	27					5. Certificate of Status Desire	ed 🗌			equired	
City & State City & State						_	6. Election Campaign Financ	ang \Box	-\$	5.00	May Be
23	24	28					Trust Fund Contribution				to Fees
Zip Country Zip			Country			1	8. This corporation owes the	current year Ir	ntangibi	e	
24	25	29	30	-,			Personal Property Tax.				X]No
<u> </u>	9. Name and Address of Current	Registered Agent		-	1		10. Name and Address of Ne	w Registered	Agen	1	
BER	RINGER, DAPHNE			81	Name	3					
	0 UNIVERSITY BLVD STE 251			82	Stree	t Addres	ss (P.O. Box Number is Not Acc	eptable)			
WINTER PARK FL 62792							`	-r ,			
,,,	TENT THE VETOE			83	1						
				84	City				85	Zip C	^ode
								FL	- 1 1		
) 011100 011	to the provisions of Sections 607.0502 registered agent, or both, in the State of	i riodda. Such chance was	authorize	od by	THE COST	corpora	ation submits this statement for	the purpose of	chang	ing its	registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, FI	orida Sta	itutes	տ եւ շտ, _ի 3.	JOIALION	s board or directors, I hereby ac	cept the appo	intmen	as reg	gistered
SIGNATURE											
12	Signature, typed or printed name of registered agent a				nt signature	required wh	hen reinstaling)	DATE			
12.	OFFICERS AND	<u>-</u>	13				ADDITIONS/CHANGES TO	OFFICERS A	ND DIR	ECTO	RS IN 12
TITLE	1	☐ DELETE		TITLE					X CH	ange	☐ Addition
NAME	BERINGER, DAPHNE		- 6	NAME		1,,,,,	River Birch Ave.				
STREET ADDRESS	3119 RIDGE PLACE		1.3 9	STREET	TADDRESS						
C!TY+ST+ZIP	ORLANDO FL 32817		1.4 (CITY-SI	T-ZIP	Ovi	edo, FL 32765				
TITLE	VPD	☐ DELETE	2.1 7	TITLE		1			Ch	ange	Addition
NAME	CLARK, RUSSELL A		2.21	NAME							
STREET ADDRESS			2.3 \$	STREET	TADORESS	:1					
CITY-ST-ZIP	WINTER PARK FL 32792		2.40	CITY-S	T-ZiP						
TITLE		DELETE		3.1 TITLE					Ch	ange	Addition
NAME			3.2 N	NAME							
STREET ADDRESS			3.3 8	STREET	FADDRESS						
CITY-ST-ZIP	<u> </u>			CITY- ST							
TITLE		☐ DELETE	4.1 T			$\overline{}$			Ch	ange	[] Addition
NAME			4.21	NAME						3	-
STREET ADDRESS			4.3 \$	TREET	ADDRESS						
CITY-ST-ZIP				ATY-ST		}					
TITLE		☐ DELETE	5.1 T		-Ти	 			Ch	2006	Addition
NAME			5.2 N						[] on	ange.	LJ Addition
STREET ADDRESS			5.3 S	TREET	ADDRESS	1					
CITY-ST-ZIP				ITY-ST		1					
TITLE		☐ DELETE	6.1 Ti			 			Chi		Addition
NAME			6 2 N	AMF		ľ				ange	

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, properties the same appears, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

Applie Beringer Daphne Beringe

1/29/99 407-679-0037