

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

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99 JUL 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT



98-99AR
FIDELITY DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # P96000096877 ✓ OK
1. Corporation Name
CUSTOM CRAFTED SOFTWARE, INC.

Principal Place of Business Mailing Address
1832 SW 105 AVENUE
DAVIE, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0716699	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

ANNE L. LINNE
1832 SW 105 AVENUE
DAVIE, FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	000002948730
STREET ADDRESS		1.3 STREET ADDRESS	-08/03/99-01039-001
CITY-ST-ZIP		1.4 CITY-ST-ZIP	***150.00 ***150.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	5/13/99 90022 003 \$150.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE L. LINNE

4/28/99

Daytime Phone #

984 489 6515



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 7, 1999

CUSTOM CRAFTED SOFTWARE, INCORPORATED
1832 SW 105 AVENUE
DAVIE, FL 33324

SUBJECT: CUSTOM CRAFTED SOFTWARE, INCORPORATED
Ref. Number: P96000096877

Please be advised, we have received your annual report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following:

The above referenced corporation was administratively dissolved on October 16, 1998 for failure to file the 1998 annual report. Our records indicate the report was returned to our office by the Post Office. As a result, we can waive the \$600.00 reinstatement fee. The \$150.00 annual report fee for 1998 is required to make the corporation current and active.

After the corrections have been made, please return the document and a copy of this letter to my personal and confidential attention at the address below within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner
Senior Section Administrator

Letter Number: 999A00035204