

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90155 008 ***150.00

DOCUMENT # P97000004316

1. Corporation Name

HAMMERHEAD SOFTWARE, INC.

Principal Place of Business

5860 TOWN BAY DR
#1-31
BOCA RATON FL 33486
US

Mailing Address

5860 TOWN BAY DR
#1-31
BOCA RATON FL 33486
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3420940

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 2134G ST. ANDREWS Blvd.

Suite, Apt. #, etc.

22 Suite 179

City & State

23 Boca Raton, FL

Zip

24 33433

County

25 U.S.

2a. Mailing Address

26 2134G ST. ANDREWS Blvd.

Suite, Apt. #, etc.

27 Suite 179

City & State

28 Boca Raton, FL

Zip

29 33433

Country

30 U.S.

9. Name and Address of Current Registered Agent

HAHN, MICHAEL G
5860 TOWN BAY DR
#1-31
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

HAHN, MICHAEL G.

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

2134G ST. ANDREWS Blvd.

83 Suite 179

84 City

BOCA RATON

FL

85 Zip Code

33433

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HAHN, MICHAEL G

STREET ADDRESS: 5860 TOWN BAY DR APT 1-31

CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME HAHN, MICHAEL G.

1.3 STREET ADDRESS: 2134G ST. ANDREWS Blvd. Suite 179

1.4 CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

MICHAEL G. HAHN

4/27/99

Date

877-426-6374

Daytime Phone #

CR2E034 (11/98)