

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000018239 (8)

1. Corporation Name

ENCOMPASS SOFTWARE, INC.



Principal Place of Business

10113 RADCLIFFE DRIVE  
TAMPA FL 33626

Mailing Address

10113 RADCLIFFE DRIVE  
TAMPA FL 33626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

2. Principal Place of Business

21 7224 HAMMETT ROAD

Suite, Apt. #, etc.

22

City & State  
TAMPA FL

Zip  
33647

Country  
US

2a. Mailing Address

26 7224 HAMMETT ROAD

Suite, Apt. #, etc.

27

City & State  
TAMPA FL

Zip  
33647

Country  
US

4. FEI Number

59-3429075

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BILADEAU, CHARLOTTE  
10113 RADCLIFFE DRIVE  
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name SARITA CABRERA LAGE

82 Street Address (P.O. Box Number is Not Acceptable)  
7224 HAMMETT ROAD

83

84 City TAMPA

FL

85 Zip Code 33647

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

*Sarita Cabrera Lage*  
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/25/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BILADEAU, CHARLOTTE  
STREET ADDRESS 10113 RADCLIFFE DRIVE  
CITY-ST-ZIP TAMPA FL 33626 ☒ DELETE

TITLE D  
NAME LAGE, ALLAN W  
STREET ADDRESS 7224 HAMMETT ROAD  
CITY-ST-ZIP TAMPA FL 33647 ☐ DELETE

TITLE D  
NAME LAGE, SARITA CABRERA  
STREET ADDRESS 7224 HAMMETT ROAD  
CITY-ST-ZIP TAMPA FL 33647 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ 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 changed, or on an attachment with an address.

SARITA CABRERA

4/25/98

813-977-1075

CR2E034 (10/97)