

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90033 020 ***150.00

DOCUMENT # P97000019480

1. Corporation Name
PROSOFT SOLUTIONS INC

Principal Place of Business
15310 AMBERLY DRIVE 250 WE
250 23
TAMPA FL 33647
US

Mailing Address
15310 AMBERLY DRIVE
250-23
TAMPA FL 33647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1997

4. FEI Number
59-3430012

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 15310 Amberly Dr # 165

2a. Mailing Address
26 12010 Raltrack Rd

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Tampa, Florida

28 City & State
Tampa, Florida

24 Zip
33647

29 Zip
33626

30 Country
U.S.A

9. Name and Address of Current Registered Agent

BOYANAPALLI, VENKATA S
15310 AMBERLY DRIVE SUITE 250-23
TAMPA FL 33647

10. Name and Address of New Registered Agent

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

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BOYANAPALLI, VENICATA S
STREET ADDRESS 15310 AMBERLY DR SUITE 250-23
CITY-ST-ZIP TAMPA FL 33642

TITLE CEO
NAME R CHARYULU, KIDAMBI
STREET ADDRESS 136449 PLANTATION OAKS DR SUITE 5
CITY-ST-ZIP TAMPA FL 33642

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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

Date

Daytime Phone #

Venkata S Boyanapalli PRESIDENT 3/24/99 813-765-463

0398373

CR25034 (11/98)