## 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 May 06, 1999 8:00 am Secretary of State

05-06-1999 90076 003 \*\*\*150.00

## DOCUMENT # P97000021492

1. Corporation Name

LAWSOFT, INC.

Principal Place of Business Mailing Address						4)14 1)441 11411 4)414	/8(18 (3E) (8E)	
BAD WEST BAT	2840 WEST BAY DRIVE	WEST BAY DRIVE						
UITE 195		SUITE 165						
argo fl. 3372	<b>10</b>	_LARGO FL 93770			DO NOT WRITE IN T	HIS SPACE		1
	Ros	<u>a</u>			3. Date Incorporated or Qualifed 03/07/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For	l
408	N. Indian Rocks Ro		55_		59-3502497		ot Applicable	1
Suite, Apt.		Suite, Apt. #, etc. 27 2840 Wes	t B.	y Driva	5. Certificate of Status Desired	\$8.75 A		
	go FL	City & State	FL	<u>.                                    </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
337°	Country	Zip	Col	untry V.S.	8. This corporation owes the current year	r Intangible		}
4 337	10 25 U.S.	29 33770-262	30	<u> </u>	Personal Property Tax.		<b>Ø</b> No	
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Register	red Agent		
WH C	ON VEON			81 Name				Į
WILSON, VERN 408 N INDIAN ROCKS ROAD				82 Street Addre	ess (P.O. Box Number is Not Acceptable)			1
BELLEAIR BLUFFS FL 33770				ll				1
טנננ	LAIN DEGITO LE SOTTO			83				
				84 City		85 Zip C	Code	
				<u> </u>		FL   O		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was	authorize	d by the corporatio	oration submits this statement for the purposi on's board of directors. I hereby accept the ap-	a of changing its opointment as req	registered gistered	
SIGNATURE	, , , , , , , , , , , , , , , , , , ,	-,,, -						)
SIGNATORE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating) DATE			ĺ
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		3
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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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (727) 585-6366