FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90103 029 \*\*\*158.75

## 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

## DOCUMENT # P97000022095

CONUNDRUM SOFTWARE SOLUTIONS, INC.

Principal Place of Business		Mailing Address	Mailing Address					
993 PELLAM AVE NE PALM BAY FL 32907-1234		993 PELLAM AVE NE	993 PELLAM AVE NE PALM BAY FL 32907-1234					
		PALM BAY FL 32907-1234				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/05/1997		
2. Principa Place of Business 2a. Mailing Address						4. FEI Number	A	pr lied For
21		<del></del>	26			59-3439978	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
22		27	27			5. Certifc ate of Status Desired	Fee R	ecuired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust F und Contribution	Added	tc Fees
Zip Country		Zip	Country			8. This corporation owes the current year		.d.
25 25		29	30			Persor al Property Tax.	Yes	No No
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Registe	ered Agent	
1420	HDE DAMELA O			81	Name			
	BUIRE, PAMELA C		-	82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
	PELLAM AVE NE							
PALI	M BAY FL 32907-1234			83				
			-  -	84	City		85 Zip	Code
					•	poration submi s this statement for the purpos	FL   °	
SIGNATUFE	Signature, typed or printed na ne of registrone	tered agent and title if applicable. (NOT	Registered A	Agent s	signature requir	red when reinstating) DAT		
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	PSD	☐ DELETE	1.1 TiTL	LE			☐ Change	Addition
NAME	MCGUIRE, P C		1.2 NAM	ME				
STREET ADDRESS 993 PELLAM AVE NE			1.3 STF	REETA	DDRESS			
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CIT	Y-ST-	ZIP			
TITLE	VTD	☐ DELETÉ	2.1 TITL	LE			Change	☐ Addition
NAME	MCGHIRE, M J		2.2 NAA	ME				
STREET ADDRESS	993 PELLAM AVE NE		2.3 STR	REETA	DDRESS			
CITY-ST-ZIP PALM BAY FL 32907			2. 4 CITY- ST-ZIP		ZIP			CT Address
TITLE		☐ DELETE	3 1 TITU				☐ Change	Addition
NAME			1 32 NAM					
STREET ADDRESS			•		ODRESS			
CITY-ST-ZIP		C printe	3.4. CIT		ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITL				спануе	☐ Mudition
NAME			4, 2 NA					
STREET ADDRESS			4		DDRESS			
CITY-ST-ZIP		DELETE	4.4 CIT		ZIP		Change	Addition
TITLE	ı	□ DECETE	5.1 TITL 5.2 NAM				Ghange	L. roomon
NAME					ADDRESS			
STREET ADDRESS			5.3 S I P					
CITY-ST-ZIP TITLE			61 TITL		-		Change	Addition
NAME		_ Section	6 2 NAM					
CTDEET ADDRESSO			1		ADDRESS			

14. I hereby certify that the informa ion 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 signat are 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 changes, or on an attact ment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

April 23, 1999