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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022198

CASHFLO SOFTWARE, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90011 016 ***150.00



Principal Place of Business Mailing Address					1		FB()	/
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3390 SO OCEAN BLVD STE 506 3390 S PALM BEACH FL 33480 PALM		3390 SO OCEAN BLVD STE PALM BEACH FL 33480	90 SO OCEAN BLVD STE 506 ILM BEACH FL 33480					
						DO NOT WRITE	IN THIS SPACE	
						corporated or Qualifed	· <u>-</u>	
					03/05	5/1997		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Nu	mber		Applied For
21		26			52-20	23921		Not Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.			5 Co. 456		\$8.7	75 Additional
22		27			5. Certifo	ate of Status Desired [Fe	e Required
City & Sta	ite	City & State			6. Election	n Campaign Financing	\$5	00 May Be
23	28					und Contribution		ded to Fees
Zip	Country	Zip	Countr	у	8. This co	rporation owes the current	vear Intangible	
24	25	29	30			al Property Tax.	☐ Yes	□No
	9. Name and Address of Current			10. Name	and Address of New Reg	istered Agent		
		South Bill The Control of the Contro	81	Name				
	VANS, DANIEL J		82	06	Add (D.O. C	Nicomb as in N. C. A	,	
	O SO OCEAN BLVD STE 506		82	Street.	Address (P.O. Box	Number is Not Acceptable)	
PAL PAL	M BEACH FL 33480		83	3		VIVER PROPERTY	H 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR IN A PARTY NAMED IN COLUMN
						2017年11年18日19月		雌雌雌甾
1			84	City		The second of the second second	FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the abov	re-named	corporation submit	s this statement for the nur	pose of changin	a its registered
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: F			Registered Age	nt signature re	equired when reinstating)		DATE	

12.	OFFICERS AND		13.		ADDITIC	NS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	P	DIRECTORS DELETE	13. 1.1 TITLE		, *	NS/CHANGES TO OFFIC	ERS AND DIRE	
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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 charged, or an an attact them an address, with all other like empowered.

SIGNATURE: