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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042267 (9)

NIGEL CUMMINS SOFTWARE CONSULTING, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



601 EAST RO LARGO FL 33	ISARY ROAD NO. 5251 1770	601 EAST ROSARY ROAD LARGO FL 33770) NO. 5251		DO NOT WRITE IN 3. Date Incorporated or Qualified 05/08/1997	THIS SPACE	
	lace of Business	2a, Mailing Address		100	4. FEI Number		Applied For
21 154			Deem	iont OR	593445544	!	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional Required
City & State 23 CHEARWATER FL 28 CHEARWATER			FET FL		Election Campaign Financing Trust Fund Contribution		May Be d to Fees
24 337	S5 25 USA	Zip 29 33755	30 Coun	jša_	This corporation owes or has paid the Personal Property Tax due June 30.	✓ Yes	Intangible No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
CORPORATE CREATIONS 15210 AMBERLY DRIVE SUITE 328 TAMPA FL 33647				81 Name			
					Idress (P.O. Box Number is Not Acceptable)		
			[8	33			Ī
				City		FL	p Code
SIGNATURE	agistered agent, or both, in the State on familiar with, and accept the obligate standard or printed name of registered agen				orporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment a	as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	D	DELETE	1.1 1111	Ē	, , , , , , , , , , , , , , , , , , ,	☐ Change	
NAME	CUMMINS, NIGEL		1.2 NAN	IE			
STREET ADDRESS	601 EAST ROSARY ROAD NO	. 5251	1.3 STR	EET ADDRESS			
CHTY-ST-ZIP	LARGO FL 33770		1.4 0(1)	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITL	E		Change	e Addition
NAME			2.2 NAN	IE			
STREET ADDRESS			2.3 STA	EET ADDRESS			
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TiTL	E T		☐ Change	e Addition
NAME			3.2 NAN	IE			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
TITLE		DELETE	4.1 TITL	E		Change	e
NAME			4 2 NAI	AE			
STREET ADDRESS			4.3 STA	EET ADDRESS			
CITY - ST - ZIP				-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	1		☐ Change	e Addition
NAME			5.2 NAN				
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-SI-ZIP				-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		Change	e
NAME			6.2 NAA	IE			
STREET ADDRESS			6.3 STA	EET ADDRESS			
_CITY-ST-ZIP			6.4 CITY	-ST-ZIP			
14. I hereby o	ertity that the information supplied will	h this filing does not qualify fo	r the exer	notion stated i	in Section 119.07(3)(i), Florida Statutes. I furti	ner certify that the	ne 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 cath; 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.

SIGNATURE:

VIGEL CUMMINS

Leel Cumo

(83)461-2643