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Apr 26, 1999 8:00 am Secretary of State

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Mailing Address

JAMES D. MCINTOSH

5627 14TH ST. W UNIT I.STE. 101

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043058

1. Corporation Name

Principal Place of Business

5627 14TH ST. W

STE. 101 UNIT I

CORE COMMERCE, INC.

BRADENTON FL 34207			BRADENTON FL 34207				l l	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
								05/14/1997	•				
2. Principal Pl	ace of Business		2a. Mailing Address					FEI Number				Apr	ied For
21			26				Ì	65-075289	1			Not	Applicable
Suite, Act.	#, etc.		Suite, Apt. #, et	c.			_	Cartiforto of S	totus Desires				Iditional
22			27				5.	Certifcate of S	Latus Desiret	, <u> </u>	Fe	e Req	uired
City & State			City & State				6.	Election Camp	aign Financi	ng 🗆	\$5	.00 1	fay Be
23			28					Trust Fund Co	ntribution			ded to	
Zip	Cour	try	Zip		ountry		8.	This corporation	on owes the	current year	ntangjble		
24	25		29	30				Persor al Prop	erty Tax.		[X Yes	[]	∃No
	9. Name and Add	ress of Current	Registered Agent				10.	Name and Ac	ldress of Ne	w Register	ed Agent		
					81	Name							
MCGINNESS, W. LEE					- 00	82 Street At dress (P.O. Bo) Number is Not Acceptable)							
1800 SECOND STREET SUITE 971					82	Street Ad	oress (P	O. BOY NUMBE	er is not acc	еріавіе;			
SARA	ASOTA FL 34236												
					84	City				F	FL 85	Zip C	ode
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida	Statutes, the	e above	e-named co	rporation	n subm#s this s	tatement for	the purpose	of changing	ng its r	egistered
office or re	onictered agent, or hot	h in the State of	Florida. Such change ons of, Section 607.050	was authoru	zea ov	the corpor	tion's bo	pard of cirectors	s. I hereby a	cept the ap	or ointment	as reg	stered
SIGNATURE	(4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4							_					
	Signature, typed or printed na			(NOT::: Regist	<u>-</u> _	nt signature req			.	DATE			
12.		OFFICERS AND			13	 _		ADDITIONS/CI	IANGES TO	OFFICERS	AND DIRE		Addition
TITLE	P		☐ DELE	TE 1.	1 TITLE							ange	
NAME	MCINTOSH, JAME	ES D		1	2 NAME	Ì							ì
STREET ADDRESS	740 47TH ST.			1	3 STREE	T ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34	234-4524		1	4 CITY-S	T-ZIP							
TITLE	VP		☐ DELE	TE 2	1 TITLE						Ch:	ange	Addition
NAME	MCINTOSH, JOY	R		2	2 NAME								
STREET ADDRESS	740 47TH ST.			2	3 STREE	T ALIDRESS							
CITY-ST-ZIP	SARASOTA FL 34	234-4524		. 2	4 CITY-S	ST-201P							
TITLE			☐ DELE		1 TITLE						☐ Ch	ange	Addition
NAME				. 3	2 NAME								
STREET ADDRESS				3	3 STREE	T ALIDRESS							
l l					.4. CITY-5								ļ
CITY-ST-ZIP TITLE			DELE		1 TITLE						☐ Ch	ange	Addition
NAME					2 NAME								ļ
						TADRESS							
STREET ADDRESS					4 CITY-S	1							
CITY-ST-ZIP			☐ DELE		.4 СПТ-3 .1 ПП.Е	1-2.5				-	_ □ Ch	ange	Addition :
TITLE				-	2 NAME							•	_
NAME						TACORESS							l
STREET ADDRESS													
CITY-ST-ZIP					4 CITY-S	I-ZIP						2000	Addition
TITLE			☐ DELI		.1 TITLE						☐ Ch	anye	☐ ₩OO(((O))
NAME				1	.2 NAME	j							
STREET ADDRES S				6	.3 STREE	T ADDRESS							
CITY-ST-ZIP				6	4 CITY-S	T-ZIP				_			

SIGNATURE:

James D. McIntosal

14. Thereby 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 typort 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 cologration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changes or on an attachment with an address, with all other like empowered.