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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000050825 (3)

BIZ-SOFT, INC.

FILED May 14 1998 8:00am Secretary of State



							:
Principal Place of Business Mailing Address						1884/684 150 Latel 1884 8844 8844 8648 8415 8415 8415 8411 8411	
	R CANAL COURT		1122 PARKER CANAL COURT				
OVIEDO FL 32765		OVIEDO F	OVIEDO FL 32765				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							06/10/1997
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number Applied For
21		26					Not Applicable
Suite, Apt	#, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	41-4. 16-3-3-3-3-4-3-1				Fee Required
City & State	e	City & S	City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution
Zip				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 9. Name and Address of Curre	29 29 Ar		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		ili riegistered Ag			B1	Name	
	TAK, MARSHALL W						
	4 DIVISION STREET TEDO FL 32765				62	Street	t Address (P.O. Box Number is Not Acceptable)
04	1EUO PL 32/63			ŀ	83		
•				Ĺ			
				į.	84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508.	Florida Statute	s, the ab	ove	-named	d 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
· · · · · · · · · · · · · · · · · · ·							
SIGNATURE Signature typed or printed name of representation and ideal applicable (NOTE Registered Agent signature required when reinstating)							re required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1170	LĒ		L_I Change L_I Addition
NAME	HONDA, MILAGROS R			12 NAI	ME		
STREET ADORESS	1063 KELSEY AVE			13 STF	HEET A	ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765		Deitze	14 CIT		- ZIP	Dhara Lawa
TITLE	D] DELETE	21 TITI			L. Change L. Addition
NAME	PRENDERGAST, LINDA			22 NA			
STREET ADDRESS	1063 KELSEY AVE			1		ADDRESS	·
CITY - ST - ZIP	OVIEDO FL 32765		Britte	2 4 01		r - ZIP	Change D Addition
TITLE	MICHOLO ENTARRA O	,	DELETE	31 7171			☐ Change ☐ Addition
NAME	NICHOLS, EVANIA G 1122 PARKER CANAL COUI	эт		3 2 NA		LDDDCCC	
STREET ADDRESS	OVIEDO FL 32765	11		1		ADDRESS	
CITY-ST-ZIP TITLE	D VIEDO FL 32/03		DELETE	3.4. C(1		1 · ZIP	Change Addition
NAME	MOORS, CYNTHIA K	'	Pacate	4. 2 NA			
STREET ADDRESS	1122 PARKER CANAL COU	RT				ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	••		4.4 CIT			
TITLE	O VICEO I E GEI GO		DELFTE	5.1 TITI			Change Addition
NAME		•		5.2 NAI			
STREET ADDRESS						ADDRESS	V mx
CITY+ST-ZIP				5 4 CIT		- 1	35/10
TITLE			DELETE	61 1111		-"	Change Addition
NAME				6.2 NA	ME		800002526748
STREET ADDRESS				6.3 STF	REET A	ADDRESS	800002526748 -05/18/9801031026
CITY-ST-ZIP				6.4 CIT			***150.00

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.7(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, open an attachment with an address