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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053007

1. Corporation Name

MODERN SOFTWARE DESIGN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2401 GOODBERRY PL SUITE 201 BRANDON FL 33510 US		Mailing Address 828 PINEBERRY DR. SUITE 301 BRANDON FL 33510	
2. Principal Place of Business 21 5335 STAGECOACH TRAIL Suite, Apt. #, etc. 22		2a. Mailing Address 26 5335 STAGECOACH TRL Suite, Apt. #, etc. 27	
City & State 23 GULF BREEZE, FL Zip Country 24 32561 25 USA		City & State 28 GULF BREEZE, FL Zip Country 29 32561 30 USA	
9. Name and Address of Current Registered Agent SROUFEK, BRIAN A 2401 GOODBERRY PL SUITE 201 BRANDON FL 33510		10. Name and Address of New Registered Agent 81 Name SROUFEK, BRIAN A 82 Street Address (P.O. Box Number is Not Acceptable) 5335 STAGECOACH TRAIL 83 84 City GULF BREEZE FL 85 Zip Code 32561	
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 Melissa Cardwell MELISSA CARDWELL EX. VICE PRES. 01/14/99 <small>Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME SROUFEK, BRIAN A STREET ADDRESS 2401 GOODBERRY PL SUITE 201 CITY-ST-ZIP BRANDON FL 33510		11 TITLE P/T/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME SROUFEK, BRIAN A 13 STREET ADDRESS 5335 STAGECOACH TRL 14 CITY-ST-ZIP GULF BREEZE, FL 32561	
TITLE D <input checked="" type="checkbox"/> DELETE NAME RIORDAN, EILEEN M STREET ADDRESS 2401 GOODBERRY PL SUITE 201 CITY-ST-ZIP BRANDON FL 33510		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME DRAVES, MARY STREET ADDRESS 5335 STAGECOACH TR CITY-ST-ZIP GULF BREEZE FL 32561		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE D/V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 NAME CARDWELL, MELISSA 43 STREET ADDRESS 5335 STAGECOACH TRL 44 CITY-ST-ZIP GULF BREEZE, FL 32561	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa Cardwell MELISSA CARDWELL EX. VICE PRES. 01/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
850-934-1086
Daytime Phone #

CR2E034 (11/98)