

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90075 047 ***150.00

DOCUMENT # P97000054170

1. Corporation Name

INBS SOFTWARE PRODUCTS, INC.

Principal Place of Business

11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

65-0766652

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

#503

26 Suite, Apt. #, etc.

#503

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

SMITH, LINDA M ESQ
11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME KOCH, ROGER L
STREET ADDRESS 2137 HIBISCUS CIRCLE
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE STD
NAME TRIPODO, ANTHONY J
STREET ADDRESS 1131 N.E. 97 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE D
NAME CHISHOLM, JOHN
STREET ADDRESS 850 N.E. 123 STREET
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D
NAME GLEITSMANN, ROBERT J
STREET ADDRESS 1801 S. TREASURE DRIVE #302
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE D
NAME MOUSSA, GEORGE
STREET ADDRESS 520 N W 60TH CT
CITY-ST-ZIP MIAMI FL 33126

TITLE AS
NAME SMITH, ESQ LINDA M
STREET ADDRESS 11900 BISCAYNE BLVD, STE 200
CITY-ST-ZIP MIAMI FL 33181

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger L. Koch, President 1/15/99 (305) 893-5997

Date

Daytime Phone #

CR2E034 (1/98)