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 # P97000060770 (9)

SEASHORE SOFTWARE, INC.

Principal	Place	of	Business
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Mailing Address

11082 FIELDFAIR DRIVE NAPLES FL 34119 11082 FIELDFAIR DRIVE NAPLES FL 34119

FILED Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

4-15-98 941-591-1857

3. Date Incorporated or Qualified

						07/11/1997				
2. Principal Place of Business 2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·			4. FEI Number	plied For				
21	26					65-0764924 No	t Applicable			
Sulte, Apt.	Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75	Additional			
22	27					Fee Re	quired			
City & State City & State					6. Election Campaign Financing \$5.00	May Be				
23		28				Trust Fund Contribution Added t	o Fees			
Zip	Country	Zip	Coun	ılry		8. This corporation owes or has paid the current year Int				
24	25	29	30				No			
9. Name and Address of Current Registered Agent BIOCLE DAMP E 81						10. Name and Address of New Registered Agent				
HIGGLE, DAVID E				81 Name						
11082 FIELDFAIR DRIVE			[8	82 Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34119			<u> </u>							
			18	83						
			li li	B4	City	■■ 85 Zip 0	Code			
ļ <u>. </u>						FL ``				
11, Pursuant I	to the provisions of Sections 607.050	12 and 607.1508, Florida Statu Fot Florida, Such change was	tes, the abo	ove	e-named corporation	oration submits this statement for the purpose of changing it on's board of directors. I hereby accept the appointment as	s registered			
agent. I a	m familia) with, and agcept the objig	ations of Section 607.0505, FI	orida Statu	ites	ino corporation.	one board of directors. Thereby accept the appointment as	, ogistoreti			
SIGNATURE	Alaid 1610	\mathcal{L}								
	Sign true, typed or printed name of registored of			Ager	nt signature require	ed when reinstating) DATE				
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				
TITLE	D NOOLE DAVID 5	☐ DELETE	, 1.1 THL		}	Change	☐ Addition			
HAME	RIGGLE, DAVID E		1.2 NAM	ИE	Ì					
STREET ADDRESS	11082 FIELDFAIR DRIVE		1.3 STR	EET /	ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119		1.4 CITY	_	1-ZIP		7-			
TITLE	D	☐ DELETE	21 TITL	.E		Change	Addition			
NAME	RIGGLE, STEPHANIE L		22 NAN	ΜE						
STREET ADDRESS	11082 FIELDFAIR DRIVE		2.3 STRI	EET #	ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119		2. 4 CIT	Y - S	T-7IP					
TITLE		DELETE	3.1 TITL	.E	1	☐ Change	Addition			
NAME			3.2 NAM	Æ	1					
STREET ADDRESS			3.3 STRI	EET /	ADDRESS					
CITY-ST-ZIP			3.4, CIT	Y-\$1	T-ZIP		·			
TITLE		L] DELETE	4.1 1ftL	.E		Change	Addition			
NAME			4. 2 NA	MĒ	}					
STREET ADDRESS			4.3 STRE	EET /	ADDRESS					
CITY-ST-ZIP			4.4 CITY		T-ZIP					
TITLE		DELETE	5.1 TITL	Æ		☐ Change	Addition			
NAME			52 NAM	ΑE						
STREET ADDRESS			5.3 STRI	EET #	address					
CITY-ST-ZIP			5.4 CITY	/-S1	I - ZIP					
TITLE		☐ DELETE	6.1 TITL	E.		Change	Addition			
NAME			6.2 NAM	Æ.						
STREET ADDRESS			6.3 STRE	EET A	ADDRESS					
CITY-ST-ZIP			6.4 CITY							
14. Thereby of	certify that the information supplied w	rith this filing does not qualify f	or the exen	npti	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the e shall have the same legal effect as if made under oath; the	information			
officer or i	director of the corporation or the rec	eiver or trustee empowered to	execute thi	is re	eport as requi	e shall have the same legal effect as it made under path; the lired by Ch <mark>apter 607, Florid</mark> a Statutes; and th <mark>at</mark> my name ap _i	n an an bears in			