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

DOCUMENT # P9700063056

1. Corporation Name

ESCROW AND TRUST SOFTWARE CORPORATION

Principal	PI	ace	of	Business

2. Principal Place of Business

258 MIAMI AVE. WEST VENICE FL 34285

258 MIAMI AVE. WEST VENICE FL 34285

2a. Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90104 013 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/18/1997 4. FEI Number

21	•	26			65-0784290	No	t Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 A				
22		27			5. Certificate of Galactic Desired	Fee Re	quired			
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00				
23 28							o Fees			
Zip				6. This corporation owes the current year intangine,						
24]	9. Name and Address of Curren	- 	<u>o</u>	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent						
	9. Name and Address of Curren	r vedistaled Adelir	81	Name	10. Name and Address of New Registered	Agent				
PEN	ZELL, ANDREW W									
258	MIAMI AVE. WEST		82	82 Street Address (P.O. Box Number is Not Acceptable)						
VEN	ICE FL 34285		83	83						
	•		L							
			84	City	FI	85 Zip C	code			
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above	e-named com/	oration submits this statement for the purpose of	f changing its	registered			
office or r	egistered agent, or both, in the State	of Florida. Such change was autl	horized by	the corporatio	n's board of directors. I hereby accept the appo	intment as rec	gistered			
	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes	•						
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	tegistered Age	nt signature required	when reinstating) DATE					
12,	OFFICERS AN		13.	, .	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12			
TITLE	D .	☐ DELETE	1.1 TITLE			☐ Change	Addition			
NAME	Korzilius, erik v		1.2 NAME							
STREET ADDRESS	1011 PRINCESS LANE		1.3 STREE	ADDRESS						
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-S	T-ZIP			'			
TITLE	D ·	☐ DELETE	2.1 TITLE			Change	☐ Addition			
NAME	PENZELL, ANDREW W		2.2 NAME							
STREET ADDRESS	258 MIAMI AVE. WEST		2.3 STREE	TADDRESS						
CITY-ST-ZIP -	VENICE FL 34285		2.4 CITY-5	T-ZIP						
TITLE		☐ DELETE	3.1 TITLE			Change	Addition			
NAME			3.2 NAME							
STREET ADDRESS	_		3.3 STREE	T ADDRESS						
CITY-ST-ZIP			3.4. CITY-S	IT-ZIP						
TITLE	:	☐ DELETE	4.1 TITLE			Change	Addition			
NAME	i .		4, 2 NAME							
STREET ADDRESS	!		4.3 STREE	FADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE			Change	Addition			
NAME '			5.2 NAME				•			
STREET ADDRESS			5.3 STREE	TADDRESS						
CITY-ST-ZIP			5.4 CITY - S	T-ZIP						
TITLE	-	☐ DELETE	6.1 TITLE			Change	☐ Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ADDRESS						
CITY-ST-ZIP			6.4 CITY-S	T-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.