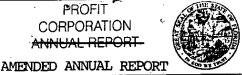
## PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

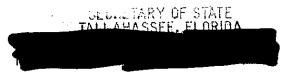
## , Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000063872

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02 DEC 18 PH 2: 18



SOFTSYS, INC.			4,4.4	TALLAHASSEE, EL ORIDA				
ı								
ļ	Drive is at Place of Business	Mailing Address						
	Principal Place of Business	· <del>-</del>	· T					
	1172 SO Dixie Hwy	1172 So Dixie F	lwy	_				
l	#471	#471	тя 221 <i>46</i> 2	_	O NOT WRITE IN THE	S SPACE		
1	Coral Gables, FL 33146-29	18 Coral Gables, US	FL 33140-2	2918 3. Date incorporated July 23,				
١	US	2a. Mailing Address	<u>.                                    </u>	4. FEI Number	1337	IAn	plied For	
ļ	2. Principal Place of Business	<u> </u>	beed	65-078503	2	1-1-	t Applicable	
ļ	21 1109 Hardee Road	26 1109 Hardee F Suite, Apt. #, etc.	ROAU			\$8.75 A		
Suite, Apt. #, etc.		27	<b>├</b> ¬		us Desired	Fee Re		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
=	23 - Coral Gables, Florida	28 _Coral Gables		Trust Fund Contril		- Added to		
I	Zip Country	Zip	Country		owes or has paid the o		angible 7 No	
ļ	24 33146 25 Miami-Dade	-       -	o Miami-Dad	Personal Property  10. Name and Addre	Tax due June 30.		J 140	
9. Name and Address of Current Registered Agent 81 Name				10. Hatte bite Addit	as of flott flegisters	- Figure		
				Vivian L. More				
CORTINAS, HENRY			82 Street 1100	Address (P.O. Box Number is Hardee Road	Not Acceptable)			
1109 Hardee Road			83	narace nau				
	Coral Gables, Florida	33146				-	0	
l			84 City	oral Gables	F		146	
1	11. Pursuant to the provisions of Sections 607.05		ement for the purpose	of changing its	s registered			
l	11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	igations of Section 607.0505. Flori	da Statutes.	poration's board or directors.	Hereby accept ine a	.ррошинсти со	regionare	
į	SIGNATURE //UCALC	M//d Mall	-		wovenber	2002	<u> </u>	
Ì	Signifure, typed or printed name of registered a			required when reinstating)	DATE		C IN 12	
		ND DIRECTORS  DELETE	.13. 1,1 TITLE		GES TO OFFICERS A	Change	Addition	
	PTSD PTSD	, Detert	1.2 NAME	PTSD MORE, VIVIAN L.			_	
	NAME CORTINAS, HENRY		1.3 STREET ADDRESS	1109 Hardee Roa			•	
1	STREET ADDRESS 1109 Hardee Road Coral Cables, Flor	-id= 33146	1.4 CITY-ST-ZIP	Coral Gables, F	Torida 3314	6		
ŀ	CITY-ST-ZIP Coral Gables, Flor	DELETE DELETE	2.1 TITLE	<u></u>		☐ Change	Addition	
	NAME		2.2 NAME					
	STREET ADDRESS		2.3 STREET ADDRESS	50000	1957591			
	CITY-ST-ZIP		2.4 CITY-ST-ZIP	12/18/020	1037001 *	× <b>*61.25</b>		
	TITLE	☐ DELETE	3.1 TITLE .			Change	Addition	
	NAME		3.2 NAME	- 1 - J =	المراسبية المستثل	-		
	STREET ADDRESS		3.3 STREET ADDRESS	1.1.20	•			
1	CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP	11111		Change	Addition	
	I TITLE	, ☐ octor	4.1 IIILE	10h		0.10140	, " ,	
- 1	NAME		T T C NAME.	1 <b>11 1</b>			. , -	

6.4 CITY-ST-ZIP 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 trusted 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.

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

November

/ , 2002

Addition

Addition

Change

☐ Change