

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 # P97000068076

1. Corporation Name  
SHELL SOFT INC.

Principal Place of Business  
5115 NORTH SOCRUM LOOP ROAD  
APT. 269  
LAKELAND FL 33809

Mailing Address  
5115 NORTH SOCRUM LOOP ROAD  
APT. 269  
LAKELAND FL 33809

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90128 033 \*\*\*\*\*8.75  
05-03-1999 90128 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/06/1997

4. FEI Number  
94-3285382

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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  
21 5115 North Socrum Loop Road  
Suite, Apt. #, etc. Apt # 59

2a. Mailing Address  
26 3935 South Hampton  
Suite, Apt. #, etc. FEEDER

City & State  
23 LAKELAND

City & State  
28 FLEMING, GA

Zip Country  
24 33809 25 U.S.A

Zip Country  
29 94555 30 USA

9. Name and Address of Current Registered Agent

REDDY, S. VIJAYENDER  
5115 N. SOCRUM LOOP RD  
APT 269  
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name REDDY S. VIJAYENDER  
82 Street Address (P.O. Box Number is Not Acceptable)  
5115 N. SOCRUM LOOP RD  
83 Apt # 59  
84 City LAKELAND FL 85 Zip Code 33809

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

TITLE  
NAME D SINGIREDDY, INDIRA  
STREET ADDRESS 5115 N SOCRUM LOOP RD, #269 59  
CITY-ST-ZIP LAKELAND FL 33809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

Date

Daytime Phone #

CR2E034 (11/98)