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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000068437 (7)

NETSOFT CORP

FILED Apr 17 1998 8:00am Secretary of State



Principal Plac	Mailing Address	ldress			
POST OFFICE BOX 770847 ORLANDO FL 32877		POST OFFICE BOX 770847 ORLANDO FL 32877			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 08/06/1997
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3476373 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		6. This corporation owes or has paid the current year Inlangible
24	25	The state of the s	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	i Hegistered Agent		1 Name	10. Name and Address of New Registered Agent
	TEL, HIMESH		Ľ	IVanie	,
1956 CROSSHAIR CIRCLE		82 Street A		2 Street	t Address (P.O. Box Number is Not Acceptable)
UH	ILANDO FL 32837		8	3	
			8	4 City	■ 85 Zip Code
			- 1	'	FL i
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, typod or printed hand of legistered agent and titled approache (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITL€		VICE PRESIDENT. Change PAddition
NAME			1.2 NAM	Ε	Steven Rithamel
STREET ADDRESS			1.3 STRE	ET ADDRESS	1638 6300 Parc Corniche
CITY-ST-ZIP			1.4 CITY	- ST- ZIP	201ando FL 32821
TITLE		☐ DELETE	2.1 TITLE		Secretary Change MAddition
NAME			2.2 NAM	E	Burry 14. Soweles
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	Orlando Fe 32824
TITLE		L.) DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAM	E	
STREET ADDRESS			3.3 STREET ADDRESS		,
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		Change L. Addition
NAME			4. 2 NAM	E	1
STREET ADDRESS			4.3 STRE	et address	
CITY-ST-ZIP		- October	4.4 CITY		
TITLE		☐ DELETE	5 1 THILE		☐ Change ☐ Addition
NAME			5.2 NAM		
STREET ADDRESS				et address	
CITY-ST-ZIP		T process	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE		6.1 TITLE		Change Addition
NAME			6.2 NAM		
STREET ADDRESS			6.3 STRE	et address	
CITY-ST-ZIP			6.4 CITY	ST-ZIP	

Thereby 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

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