

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

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97 000075446**
1. Corporation Name: **IDOM Software Inc.**

Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
21 **1219 12th Court**
Suite, Apt. #, etc.
22
City & State: **Jupiter FL**
23 Zip: **33477** Country: **USA**
24

2a. Mailing Address:
26 **PO Box 2166**
Suite, Apt. #, etc.
27
City & State: **West Palm Beach, FL**
28 Zip: **33402** Country: **USA**
29 30

3. Date Incorporated or Qualified: **May 5, 1993**

4. FEI Number: **232725296** Applied For: Not Applicable

5. Certificate of Status Desired: **No** **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

81 Name: **STEVEN GOULST**
82 Street Address (P.O. Box Number is Not Acceptable): **1219 12th Court**
83
84 City: **Jupiter** FL 85 Zip Code: **33477**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.1505, Florida Statutes.

SIGNATURE: *Steven Goulst* **Steven Goulst** **President/Owner** DATE: **4/27/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P/N/T/S/D/C/M
13 STREET ADDRESS	STEVEN GOULST
14 CITY - ST - ZIP	1219 12th Court
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jupiter, FL 33477
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	900002524559
54 CITY - ST - ZIP	-05/15/98--01006--009
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	***150.00
63 STREET ADDRESS	
64 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 correctly listed with an address.

SIGNATURE: *Steven Goulst* **Steven Goulst** DATE: **4/27/98**

CR2E034 (10/97)