


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

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90072 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086813

1. Corporation Name
INSOFT TECHNOLOGIES INC.



Principal Place of Business 6423 REMUS DRIVE NEW PORT RICHEY FL 34653	Mailing Address 6423 REMUS DRIVE NEW PORT RICHEY FL 34653
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	28870 US Hwy 19 N	26	28870 US Hwy 19 N	10/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 300		27 300		59-3473020	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 CLEARWATER		28 CLEARWATER		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33761	25 PNALAS	29 33761	30 PNALAS		

9. Name and Address of Current Registered Agent

**EMANDI, RAJ
 6423 REMUS DR
 NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RAMAPPA, G M	
STREET ADDRESS	3423 REMUS DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EMANDI, RAJ	
STREET ADDRESS	6423 REMUS DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DURGAM, VENKAT	
STREET ADDRESS	6423 REMUS DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ASHOK, GANTH	
STREET ADDRESS	8132 MIZNER LANE	
CITY-ST-ZIP	BOCA RATON FL 33434	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Date: **2/26/99** Daytime Phone #: **727-723-7638**

CR2E034 (1/198)