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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90236 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087000

1. Corporation Name
CPC SOFTWARE SOLUTIONS, INC.

Principal Place of Business
**6748 WILLOW LAKE CIRCLE
FORT MYERS FL 33912**

Mailing Address
**6748 WILLOW LAKE CIRCLE
FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1997

2. Principal Place of Business
21 **12590 Treeline Ct.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **12590 Treeline Ct.**
Suite, Apt. #, etc.

4. FEI Number
65-0787121
Applied For
Not Applicable

22 City & State
23 **No. Fort Myers, FL**

27 City & State
28 **No. Fort Myers, FL**

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

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

24 Zip 33903 25 Country

29 Zip 33903 30 Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HYON, GINA
6748 WILLOW LAKE CIRCLE
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name
Gina Hyon
82 Street Address (P.O. Box Number is Not Acceptable)
12590 Treeline Ct.
83
84 City **No. Fort Myers** FL 85 Zip Code **33903**

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
STREET ADDRESS
CITY-ST-ZIP
**PRES
GINA HYON,
6748 WILLOW LAKE CIR
FT MYERS FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
**President
Gina Hyon
12590 Treeline Ct.
No. Fort Myers, FL 33903**

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

3/8/99 941 328 5577
Date Daytime Phone #

CR2E034 (11/98)