

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90162 012 ***158.75

DOCUMENT # P97000091652

1. Corporation Name

HOSPITALITY SOFTWARE DEVELOPERS, INC.



Principal Place of Business

5259 W OAKRIDGE RD
ORLANDO FL 32819
US

Mailing Address

5259 W OAKRIDGE RD
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3474877

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 5422 Carrier Drive

Suite, Apt. #, etc.

22 Ste. 102

City & State

23 Orlando, FL

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 7380 Sand Lake Road

Suite, Apt. #, etc.

27 Ste. 600

City & State

28 Orlando, FL

Zip

29 32819

Country

30 USA

9. Name and Address of Current Registered Agent

MARDER, MICHAEL E
135 W. CENTRAL BLVD., STE. 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

A.G.C. Co.

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave.

83

Suite 2300

84

City Orlando

FL

85 Zip Code

32801

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 607.0509, 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 ☐ DELETE

NAME P
HECKMAN, JOEL W
STREET ADDRESS 8517 SUGAR PALM CT.
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

0100367