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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092575 (4)

MARITIME SOFTWARE SOLUTIONS, INC.

Principal Place of Business 5704 MARLIN COURT JACKSONVILLE FL 32277 Mailing Address

5704 MARLIN COURT JACKSONVILLE FL 32277

## FILED Mar 26 1998 8:00am Secretary of State



						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 10/27/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21		26	<del>                                     </del>			59-3491487 Not Applica		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22		27				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	е	City & St	ate			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country	y	8. This corporation owes or has paid the current year Intangible		
24	25	29	3	0		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Age	ont		<del></del>	10. Name and Address of New Registered Agent		
JA	(Worsky, fred C			81	Name			
5704 MARLIN COURT JACKSONVILLE FL 32277				82 Street Address (P.O. Box Number is Not Acceptable)				
				"	1 566.7	Joins (1.0. Box Rulling)		
•				83				
				84	City	FL 85 Zip Code		
44 6	10 10 07 07	00 1 007 1500 5	er del breva	45 - 1	<u> </u>			
11. Pursuant i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, F to of Florida. Such c	-lorida Statutes change was au	i, the abov thorized b	e-named v the cord	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere		
agent. I a	im familiar with, and accept the obli	gations of, Section	607. <b>0</b> 505, Flori	da Statute	8.	solutions seems of amounts. This est assept the appearations as regions		
SIGNATURE								
	Signature, typed or printed name of registered a		(NOTE: I		ent signature	required when reinstating) DATE		
12.	STPO	ND DIRECTORS	DELETE	13.	γ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addi		
TATLE		L.	1 OFFEIF	1.1 TITLE		Citalige C Addi		
NAME	JAWORSKY, FRED C			1.2 NAME	ļ			
STREET ADDRESS	5704 MARUN COURT			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32277			1.4 CITY-	ST-ZIP			
TITLE		L	DELETE	2.1 TITLE		Change Addi		
NAME				2.2 NAME	}			
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY-ST-ZIP				2. 4 CfTY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addi		
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			DELETE	4.1 TITLE		Change Addi		
NAME				4. 2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				4.4 CITY-1	- 1			
	<u> </u>		7		<u> </u>	Change Addi		
		ı	I DELETE	51 TITLE				
TITLE		L	] DEL <b>ete</b>	5.1 TITLE 5.2 NAME		Change - Poor		
TITLE NAME		L	_] DELETE	5.2 NAME	T ADDRESS	Citaligo El Pool		
TITLE NAME STREET ADDRESS		Ĺ	_] DELETE	5.2 NAME 5.3 STREE	T ADDRESS	Chango Poor		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.2 NAME 5.3 STREE 5.4 CITY -	I			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			] DELETE	5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE	I	Change Addi		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 6.2 NAME	I			

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.