

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90002 023 ***550.00

DOCUMENT # **P97000097376** ✓
1. Corporation Name
COMMUNICATION SOFTWARE TECHNOLOGIES, INC.

Principal Place of Business
**11266 W HILLSBOROUGH AVENUE
APT #324
TAMPA FL 33635
US**

Mailing Address
**1235 BELTLINE RD SW
DECATUR AL 35601
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1997	
4. FEI Number 59-3478145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOZIER, DANIEL R 125 W. ROMANA ST, SUITE 224 PENSACOLA FL 32501	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, TERRENCE		1.2 NAME TAYLOR, TERRENCE	
STREET ADDRESS 1235 BELTLINE ROAD, SW		1.3 STREET ADDRESS 4204 HORSESHOE BEND ROAD	
CITY-ST-ZIP DECATUR AL 35601		1.4 CITY-ST-ZIP DECATUR, AL 35603	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, TRENT A		2.2 NAME	
STREET ADDRESS 464 CAHABA PARK CIRLE		2.3 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM AL 35242		2.4 CITY-ST-ZIP	
TITLE EVP	<input type="checkbox"/> DELETE	3.1 TITLE EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, JERRY L		3.2 NAME LEWIS, JERRY L.	
STREET ADDRESS 11266 W HILLSBOROUGH AVENUE, APT 324		3.3 STREET ADDRESS 27445 BREAKERS DRIVE	
CITY-ST-ZIP TAMPA FL 33635		3.4 CITY-ST-ZIP WESLEY CHAPEL, FL 33543	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, HEATHER S		4.2 NAME LEWIS, HEATHER S.	
STREET ADDRESS 11266 W HILLSBOROUGH AVENUE, APT 324		4.3 STREET ADDRESS 27445 BREAKERS DRIVE	
CITY-ST-ZIP TAMPA FL 33635		4.4 CITY-ST-ZIP WESLEY CHAPEL, FL 33543	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **SIGNATURE REQUIRED** 7-7-99 256-353-8906

CR2E034 (5/99)