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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000102331 (0) DOCUMENT # 1. Corporation Name

SOFTTECH, INC.

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FILED Apr 13 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						- E SERVIRALISH FRIEL FREEL FREEL FREEL FREEL FREE FREE FRE
10000 GATE I JACKSONVILL	10000 GATE PKWY N. # JACKSONVILLE FL 3224				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 12/01/1997
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For 59 - 34 8 0 2 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				¢0.75 (January)
2		27				6. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country			,	8. This corporation owes or has paid the current year Intangible
4	25 29		30			Personal Property Tax due June 30. Yes XNo
Name and Address of Current Registered Agent					,	10. Name and Address of New Registered Agent
KAKARLAPUDI, VARMA				81	Name	
100	000 gate PKWY N, #623 CKSONVILLE FL 32248			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
JAL	DROUMVILLE PE 32240			83		
				84	City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize 					named corporation	oration submits this statement for the purpose of changing its registered on'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.						4/2/00
SIGNATURE	Signature, typed or printed name of reginitered agen		F Registers	LY C	ent signature requirer	4/3 98
12.	OFFICERS AND		13.		AN OLGANICIO POGONICIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 T	TLE		☐ Change ☐ Addition
NAME	KAKARLAPUDI, VARMA		1.2 N		ŀ	_ •
STREET ADDRESS	10000 GATE PKWY N, #623		135	TAFFT	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	L			T-ZIP	
TITLE	0,101.0001.11.000	DELETE	2.1 T			Change Addition
NAME		<u> </u>	2.2 N			— · —
STREET ADDRESS					ADORESS	
DITY-ST-ZIP		2.40				
TITLE		DELETE 3.1 TI			31-21	Change Addition
NAME		3.2 N				
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	4.1 Ti		71-211	☐ Change ☐ Addition
NAME		_	4.21			
STREET ADDRESS			i i		ADDRESS	· ·
CITY-ST-ZIP					T- ZIP	!
TITLE		DELETE	5.1 1		. 57	Change Addition
NAME			5.2 N		}	
STREET ADDRESS					ADDRESS	
CITY-ST-ZiP			5.4 C			
TITLE		DELETE	6.1 TI	_	1 - 411	Change Addition
NAME		hand where a	6.2 N			
STREET ADDRESS					Annacce	ļ
CITY-ST-74P			6.3 STREET AL			
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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:

Director