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 #
1. Corporation Name

P97000103438 (2)

PALMASOFT INC

I / Livir	1, III.			
Principal Plac	e of Business	Mailing Address		1 HODINEOL HIG HOULE DELLE GEREL EDERL HIBLE ORIGIN STRIL BUTON HELL BUTON HELD HELD HELD HELD HELD HELD HELD HELD
23144 POST SUITE 511 BOCA RATO	GARDENS WAY	23144 POST GARDENS SUITE 511 BOCA RATON FL 3343		DO NOT WRITE IN THIS SPACE
BOOM MAIO	N FE 33433	DOOR RATOR PE SONS	•	3. Date Incorporated or Qualified 12/08/1997
2. Principal F	lace of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired See Required Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 4	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	g. Name and Address of Curr	ent Registered Agent	i and an	10. Name and Address of New Registered Agent
	rchandani, R. Mitch		81 Name	
23144 POST GARDENS WAY			62 Street Ac	ddress (P.O. Box Number is Not Acceptable)
	MTE 511		63	
, BC	OCA RATON FL 33433			
			84 City	FL 85 Zip Code
office or agent. I a	im familiar with, and accept the obt	igations of, Section 607.0505, F	utes, the above-named or s authorized by the corpo Florida Statutes.	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered 4(29)98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President 1	DELETE	1.1 TITLE	Change Addition
NAME	MITCH R. MIRCH 23144 POST G BOCA RATON	ANDANI	1.2 NAME	
STREET ADDRESS	23/44 POST 6	progra WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON	71, 37433	1.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Maya Kirchandani		2.2 NAME	
STREET ADDRESS	23 144 Post Garde	ns Way # 511	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boon Radon, F		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TIFLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME		C) been	4. 2 NAME	- Ordings - Addition
STREET ADDRESS			4.3 STREET ADORESS 4.4 CITY - ST - ZIP	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS				
CITY-ST-ZIP				
-			5.3 STREET ADDRESS	
I TITLE		DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		OELETE		Change Addition

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

FILED

Jun 04 1998 8:00am

Secretary of State