PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DOCUMENT # P9

1. Corporation Name

BRIAN T. WIRTH, SOFTWAI

		Katherine Harris Secretary of State		
	St			
A STATE OF THE STA	DIVISION OF CORPORATIONS		/	
3000010	118	1		
RE ANALYST INC.				

FILED May 10, 2000 8:00 am Secretary of State

04-06-2000 90038 026 ***150.00

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4/6*** **** *** *** ***

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Principal Place of Business	Mailing Address					
722 RICHMOND STREET	722 RICHMOND STREET					
TALLAHASSEE FL 32304	TALLAHASSEE FL 32304			DO NOT WRITE IN THIS S	PACE	
				3. Date incorporated or Qualified		
				02/02/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21	26			59-3490582	 	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
22	27			5. Certificate of Status Desired	Fee R	equired
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Count	ry	8. This corporation owes the current year Intar		<u>ا</u> بد
24 25	29 30	0		1 Grootian Copolity Tax.	☐ Yes	<u>A</u> No
9. Name and Address of Current	Registered Agent	<u>-</u>	<u></u>	10. Name and Address of New Registered A	gent	
MIDTLE POIAN		18	1 Name			
Wirth, Brian 722 Richmond Street		8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32304	÷ *,	8	33		•	;
	•	Į.	4 City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502	<u> </u>			FL.		
office or registered agent, or both, in the State of agent. I am familier with, and accept the obligated SIGNATURE Signature, typed or printed name of registered agent)x> Brian	(Ti	es. Dirti	on's board of directors. I hereby accept the appoint 3-31 divined reinstating) DATE	- 2-c	UD_
12. OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE President.	☐ DELETE	1,1 TITL	E		Change	Addition
NAME PORT (1) ST	١	1.2 NAM	E (
STREET ADDRESS CITY-ST-ZIP RECLIMANT TO STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS TO STREET ADDRESS	_ 1	1.3 STR	EET ADDRESS			
CITY-ST-ZIP COO PUCHMOND	<u> </u>	1.4 CIT	r-ST-ZIP			
me Tallahassee,	L 32301 DELETE	2.1 71171	E]		☐ Change	☐ Addition
NAME	- 1	2.2 NAA	₹ E	,		
STREET ADDRESS 2.3 ST		2.3 STR	EET ADORESS	•		•
CITY-ST-ZIP	<u>.</u>	2.4 CIT	Y-ST-ZIP			
me	☐ DELETE	3,1 TITL	Æ		Change	Addition
NAME		3.2 NA	Æ			
STREET ADORESS		3,3 STP	EET ADDRESS			
CITY-ST-ZIP		3,4, CIT	Y-ST-ZIP			
TITLE	DELETE	4.1 ग्रा	LE	•	Change	e Addition
, NAME		4.2 NA	M€			
STREET ADDRESS		4.3 STF	REET ADDRESS			
CITY-ST-ZIP		4.4 CIT	Y-ST-ZIP			
TITLE	() DELETE	51 m			Change	e 🗌 Addition
NAME		5.2 NA		•		
STREET ADDRESS			REETADORESS			
CITY-ST-ZIP			Y-ST-ZIP			
TITLE	☐ DELETE	6.1 TIT	LE		☐ Chang	e Addition
NAME		6.2 NA	ME			
STREET ADDRESS	•	6.3 ST	REET ADDRESS			
CITY SY 7/D		6.4 CT	Y-ST-21P			

14. 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.

SIG	NAT	URE
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B	WELLETT.	MAN CORPET	IT Widh
GNATU	RE AND TYPED OR PRINTED	NAME OF BIONING OFFICER OR DIRECTOR	

3-31-2000 (850)222-8892