

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

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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90155 011 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000011891

1. Corporation Name  
**TEAMSOFT TECHNOLOGIES, INC.**

Principal Place of Business: 7903 TIMBERLINE PARK BLVD. JACKSONVILLE FL 32256  
 Mailing Address: 7903 TIMBERLINE PARK BLVD. JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	02/05/1998
4. FEI Number	59-3491960
5. Certificate of Status Desired	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KOTA, MURTHY**  
 10150 BELLE RIVER BLVD  
 APT 1010  
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOTA, MURTHY	
STREET ADDRESS	10150 BELLE RIVER BLVD, #1010	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOTA, LATHA	
STREET ADDRESS	10150 BELLE RIVER BLVD, #1010	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7903 TIMBERLIN PARK BLVD.
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7903 TIMBERLIN PARK BLVD.
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256

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, with all other like empowered.

SIGNATURE: *[Signature]* (MURTHY KOTA) 2-12-99 (904)538-9555

CR2E034 (1/198)