

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 044 ***150.00

DOCUMENT # P98000018525

1. Corporation Name

SPARROWSOFT, INC.

Principal Place of Business
2105 Howell Branch Road
#25C
Maitland, Florida 32751

Mailing Address
2105 Howell Branch Road
#25C
Maitland, Florida 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

February 25, 1998

4. FEI Number

59-3498115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

XX Yes

No

2. Principal Place of Business

21 407 Lake Howell Road

Suite, Apt. #, etc.

22 Suite 116

City & State

23 Maitland, Florida

Zip

24 32751

Country

25 USA

2a. Mailing Address

26 200 E. Robinson Street

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Orlando, Florida

Zip

29 32801

Country

30 USA

9. Name and Address of Current Registered Agent

Robert T. Sparrow
2105 Howell Branch Road #25C
Maitland, Florida 32751

10. Name and Address of New Registered Agent

81 Name

Florida Corporate Support

82 Street Address (P.O. Box Number is Not Acceptable)

200 E. Robinson Street, Suite 500

83

84 City

Orlando

FL

85

Zip Code

32801

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

FLORIDA CORPORATE SUPPORT, INC.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

P/S/D

1.2 NAME

Robert T. Sparrow

1.3 STREET ADDRESS

407 Lake Howell Road, Suite 116

1.4 CITY-ST-ZIP

Maitland, Florida 32751

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

Daytime Phone #