09021999-90007-050-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 05/1/1999: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

FILED
Sep 02, 1999 8:00 am
Secretary of State
09-02-1999 90007 050 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P98000025775**

1. Corporation Name

DATA-MAXX SOFTWARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
11547 CHARLIE'S TERRACE FT. MYERS FL 33907	11547 CHARLIE'S TERRACE FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1998

	2a. Mailing Address
2. Principal Place of Business	26 1429 Colonial Blvd.
21 1429 Colonial Blvd.	Suite, Apt. #, etc.
Suite, Apt. #, etc.	27 Ste. 201
22 Ste. 201	City & State
City & State	28 Fort Myers, FL
23 Fort Myers, FL	Zip 29 33907 Country 30 USA
Zip 24 33907 Country 25 USA	

4. FEI Number: 65-0814464 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARRISH, JON D PARRISH & MOORE, P.A. 2171 PINE RIDGE ROAD SUITE D NAPLES FL 34109	81 Name: Marjorie Brantley 82 Street Address (P.O. Box Number is Not Acceptable): 1429 Colonial Blvd. #201 83 84 City: Fort Myers FL 85 Zip Code: 33907

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: Marjorie Brantley (NOTE: Registered Agent signature required when reinstating) DATE: 7/12/99

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Marjorie Brantley 1822 Four Mile Cove Cape Coral FL 33990 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Marjorie Brantley 1822 Four Mile Cove Cape Coral, FL 33990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Theodore Johnston 1349 Wales Dr. Fort Myers, FL 33901 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Theodore Johnston 1349 Wales Dr. Fort Myers, FL 33901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer John Curcio ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary/Treasurer John Curcio P.O. Box 061386 Fort Myers, FL 33906-1386 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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: Marjorie Brantley 7/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #