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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAF:TMENT OF STATE

Katheri 1e Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90153 046 ***150.00

DOCUMENT # P98000032977

ON-SITE OFF-SITE SOFTWARE, INC.

Principal Place of Business Mailing Address										
1600 SARNO RD. STE. 207 1600 SARNO RD. STE. 207				07						
MELBOURNE FL 32935			MELBOURNE FL 32935				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	0,7,02		
							04/09/1998			
2 Principal Pl	ace of Business	2a	. Mailing Address				4. FEI Number	A	pplied For	
21			26				59-35043 85 Not Apr		ot Applicable	
Suite, Art. #, etc.			Suite, Apt. #, etc.					\$8.75 Acrition		
22			27				5. Certificate of Status Desired	Fee Required		
City & State			City & State				6. Election Campaign Financing		\$5.00 May Be	
23		28					Trust Fund Contribution	Addec	to Fees	
Zip	Coun ry	1	Zip	Cou	intry		8. This corporation owes the current year in	tangible		
24	25	29		30			Personal Property Tax.	Yes	[]No	
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Registere	Agent		
					81	Name				
ANDERSON, J P					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
930 S. HARBOR CITY BLVD. STE. 505 MELBOURNE FL 32901										
					83					
					84	City		85 Zip	Code	
					• •	City	Fl	_	3,00	
agent. ⊢ar SIGNATUF E	n familiar with, and at cept the obligation	ns o	f, Section 607.0505, Fi	жida Stat	utes.		tion's board of clirectors. I hereby accept the apt of the apt of the properties of the proper			
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS A	NO DIRECT	ORS IN 12	
TITLE	D		☐ DEL€TE	1.1 TI	TLE			☐ Change	☐ Addition	
NAME	YANDURA, BERNARD F			1,2 N	AME					
STREET ADDRESS	5631 HERONS' LANDING DRIVE			135	reet	ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL 32955			1,4 C	TY-S1	r-ZIP	<u> </u>			
TITLE	D		☐ DELETE	2.1 T	TLE			☐ Change	Addition	
,NAME	YANDURA, SUSAN R			2.2 N	AME	-				
STREET ADORESS	5631 HERONS' LANDING DRIVE			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL 32955			2.40	ITY-S	T-ZIP				
TITLE			☐ DELETE	3,1 TI	TLE			Change	☐ Addition	
NAME				3.2 N	AME					
STREET ADOR :SS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 T	TLE			Change	☐ Addition	
NAME				4. 2 N	IAME					
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				44 C	TY- <u>S</u> 1	r-zip				
TITLE			☐ DELETE	5.1 TI	TLE			Change	Addition	
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	TREET	ADDRESS			!	
CITY-ST-ZIP				5.4 C	ITY-ST	r-ZIP				
TITLE			☐ DELETE	6.1 Ti	TLE			Change	☐ Addition	
NAME				6.2 N	AME					
STREET ADDFESS				6.3 S	TREET	ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that arm an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 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: