COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # P98000043155

PINNING STONE SOFTWARE, INC.

ncipal Place of Business

Mailing Address

## **FILED** Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90005 001 \*\*\*558.75



WEST VENI 4) FL 33139	etian drive )	801 WEST VENETIAN DRIVE MIAMI FL 33139			
				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
		T =		05/11/1998	1 1
Principal P	Place of Business NORTH VENETIAN DRIVE	2a. Mailing Address	ENETIAN DRIVE	4. FEI Number 65-0840019	Applied For
Suite, Apt.		Suite, Apt. #, etc.	PAGE MALE ONCE	· · · · · ·	Not Applicable \$8.75 Additional
UNC	· 11	27 UNIT # 90	5 ~	5Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	00.00	6. Election Campaign Financing	\$5.00 May Be
MIAI	•••		-ORIDA	Trust Fund Contribution	Added to Fees
<sup>Zip</sup> 3313	39 25 USA	Zip 29 33139 3	Country So USA	<ol> <li>This corporation owes the current Intangible Personal Property.</li> </ol>	year Yes No
	9. Name and Address of Current I			10. Name and Address of New Reg	istered Agent
CTAE	OFFIT DODEDT		81 Name	TABBERT ROBERT	
	BBERT, ROBERT		Street Address (P.O. Box Number is Not Acceptable)  NORTH VENETIAN DRIVE		
801 WEST VENETIAN DRIVE MIAMI FL 33139					
44117/14	11 1 2 33 133		ں (83	NIT #905	
			84 City	MIAMI	FL 85 Zip Code
Pursuant	t to the provisions of sections 607.0502 a	and 607.1508. Florida Statutes.	the above-named corpo	pration submits this statement for the purpo	se of changing its registered
office or	registered agent, or both, in the State of am femiliar with, and accept the obligation	f Florida. Such change was aut	thorized by the corporat	ion's board of directors. I hereby accept the	e appointment as registered
	(21. ± 9 ) - 14.5		BERT H. ST	ABBERT DIRECTOR	July 1, 1999
NATURE	Signature, typed or printed name of registered agent a		E: Registered Agent signature rec	ulred when reinstating)	DATE
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
	D CTARREST ROBERT	L DELETE	_	TABBERT, ROBERT	Change Addition
:	STABBERT, ROBERT		1.2 NAME	STABBERT, ROBERT OI NORTH VENETIAN DR	ine #905
ET ADDRESS	801 WEST VENETIAN DRIVE MIAMI FL 33139		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	11AMI FL 33139	
ST-ZIP	MINIMITE 30139	DELETE	2.1 TITLE	MARI , LA GOLO,	Change Addition
•			2.2 NAME		Control Control
ET ADDRESS			2.3 STREET ADDRESS		
ST-ZIP			2.4 CITY-ST-ZiP		<del></del> .
:		DELETE	3.1 TITLE		Change Addition
Ē			3.2 NAME		
ET ADDRESS			3.3 STREET ADDRESS		
ST-ZIP			3.4 CITY-ST-ZIP		·····
:		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition
ET ADDRESS			4.2 TARME 4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
J1-EII		DELETE	5.1 TITLE		Change Addition
:			5.2 NAME		
ET ADDRESS			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
		DELETE	6 1 TITLE		Change Addition
Ī			6 2 NAME		
ET ADDRESS			6.3 STREET ADDRESS		
ST-ZIP	ortify that the information available the	in filing door not qualify for the	6.4 CITY-ST-ZIP	tion 110 07/3/(i) Florido Statutas I furtha-	contifu that the information
indicated of	on this annual report or supplemental an	nual report is true and accurat	te and that my signature	ction 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if ma	de under oath; that I am
	or director of the corporation or the rece 2 or Block 13 if changed, or on an attach		execute this report as re	quired by Chapter 607, Florida Statutes; a	and that my hame appears

KOBERT H. STABBERT