

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90133 036 ***150.00

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DOCUMENT # P98000043608

1. Corporation Name
EZ SOFTWARE DISTRIBUTORS, INC.

Principal Place of Business
5909 TAFT STREET
HOLLYWOOD FL 33021

Mailing Address
5909 TAFT STREET
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1998

4. FEI Number
65-0832247

Applied For
Not Applicable

2. Principal Place of Business
21 1975 STIRLING ROAD

2a. Mailing Address
26 1975 STIRLING ROAD

Suite, Apt. #, etc.
22 SUITE 202

Suite, Apt. #, etc.
27 SUITE 202

City & State
23 DANIA FLORIDA

City & State
28 DANIA FLORIDA

Zip
24 33004

Country
25 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERMAN, MARIO D ESQUIRE
2101 WEST COMMERCIAL BLVD
SUITE 3300
FT. LAUDERDALE FL 33309

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VARGAS, ELIZABETH
5909 TAFT STREET
HOLLYWOOD FL 33021

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
VARGAS, ELIZABETH
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V
BLOEMER, STEPHEN E.
54 SW 11TH ST. #1
DANIA, FL 33004
Change ☐ Addition ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
S
VARGAS, MICHAEL A
2020 SOUTH MIAMI ROAD #3
FT LAUDERDALE, FLORIDA 33316
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 ☐

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: ELIZABETH M. VARGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Date

1-888-294-1864

Daytime Phone #

CR2E034 (11/98)