

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 90030 006 ***150.00

DOCUMENT # P98000047098

1. Corporation Name

Lowcost Software, Inc.

Principal Place of Business

1857 Wells Road, Suite 216
Orange Park, FL 32073

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/22/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3522315

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

☐ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Keith H. Johnson, Esq.
8810 Goodby's Executive Drive, Suite A
Jacksonville, FL 32217

81 Name

Michael B. Kirwan, Esq.

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

50 N. Laura Street, Suite 2800

83

84 City

Jacksonville

FL

85 Zip Code

32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

D/CEO/P

☐ Change

☒ Addition

NAME

1.2 NAME

Paul Robinson

STREET ADDRESS

1.3 STREET ADDRESS

1857 Wells Road, Suite 216

CITY-ST-ZIP

1.4 CITY-ST-ZIP

Orange Park, FL 32073

TITLE

☐ DELETE

2.1 TITLE

D/S/V

☐ Change

☒ Addition

NAME

2.2 NAME

Sabrina Robinson

STREET ADDRESS

2.3 STREET ADDRESS

1857 Wells Road, Suite 216

CITY-ST-ZIP

2.4 CITY-ST-ZIP

Orange Park, FL 32073

TITLE

☐ DELETE

3.1 TITLE

D

☐ Change

☒ Addition

NAME

3.2 NAME

Eugene Kiang

STREET ADDRESS

3.3 STREET ADDRESS

1857 Wells Road, Suite 216

CITY-ST-ZIP

3.4 CITY-ST-ZIP

Orange Park, FL 32073

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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:

Paul Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Robinson

5/12/99

Date

(904) 680-9100

Daytime Phone #