

FILED

**Mar 10, 1999 8:00 am
Secretary of State**

03-10-1999 90242 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000062205

1. Corporation Name

RTZ SOFTWARE INC.

Principal Place of Business

229 SUNNY ISLES BOULEVARD
NORTH MIAMI BEACH FL 33160

Mailing Address

229 SUNNY ISLES BOULEVARD
NORTH MIAMI BEACH FL 33180

A standard 1D barcode is positioned horizontally across the page, centered vertically relative to the text above and below it.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	26			65-0848363	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27			6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		7. Trust Fund Contribution	
23	28			8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	Zip	Country	10. Name and Address of New Registered Agent	
24	25	29	30	9. Name and Address of Current Registered Agent SNYDER, SETH 16469 N.E. 30TH AVENUE NORTH MIAMI BEACH FL 33160	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 <input checked="" type="checkbox"/> SECRETARY / TREASURER <input type="checkbox"/> DELETE NAME JAN ZIMMERMANN STREET ADDRESS 548 MADISON AVE. CITY-ST-ZIP REDWOOD CITY, CA 94061		1.1 TITLE <input checked="" type="checkbox"/> 1.2 NAME <input checked="" type="checkbox"/> 1.3 STREET ADDRESS <input checked="" type="checkbox"/> 1.4 CITY-ST-ZIP <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> PRESIDENT <input type="checkbox"/> DELETE NAME SETH SNYDER STREET ADDRESS 16469 NE 30TH AVE. CITY-ST-ZIP NO. MIAMI BEACH, FL 33160		2.1 TITLE <input type="checkbox"/> 2.2 NAME <input type="checkbox"/> 2.3 STREET ADDRESS <input type="checkbox"/> 2.4 CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> 3.2 NAME <input type="checkbox"/> 3.3 STREET ADDRESS <input type="checkbox"/> 3.4 CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> 4.2 NAME <input type="checkbox"/> 4.3 STREET ADDRESS <input type="checkbox"/> 4.4 CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> 5.2 NAME <input type="checkbox"/> 5.3 STREET ADDRESS <input type="checkbox"/> 5.4 CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> 6.2 NAME <input type="checkbox"/> 6.3 STREET ADDRESS <input type="checkbox"/> 6.4 CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

311-199 (305) 945-9774
Date _____ Daytime Phone # _____

CR2E034 (11/98)