**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000062719

1. Corporation Name

SELECT SOFTWARE SYSTEMS, INC.

Principal Place of Business Mailing Address											
2123 WEST 767 HIALEAH FL 33		2123 WEST 76TH STREET HIALEAH FL 33016									
HIALEAN IL 30	010	THALEAST TE GOOTO	THEELEST I E GOOTS				DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed 07/16/1998				
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number 592758646		_ <del>                                    </del>	oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.			\$8.75	Additional equired		
City & State		City & State			6.	Election Campaign Financing		\$5.00	May Be		
3		28				•	Trust Fund Contribution	<b>□</b>		to Fees	
Zip	Country	Zip	Cou	ıntry		8.	This corporation owes the current	t year Inta	ngible		
4	25		30				Personal Property Tax.		Yes	IZINo	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Reg	istered A	gent		
	DIOLICZ HIMPEDTO S ID	•		81	Name						
1054	RIGUEZ, HUMBERTO S JR 10 SW 123RD ROAD				Street Ad	dress (P.O. Box Number is Not Acceptable)					
MIAA	AI FL			83							
				84	City			FL	85 Zip	50de 86	
SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of manifered agent and of registered agent as	and title if applicable. (NOTE:	: Registered		nt signature requ	uired when i	reunstating)	11 — 9 DATE	19		
12.	OFFICERS AND		13.		—		ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PSTD	☐ DELETE	1.1 TI						Change	☐ Addition	
NAME .	RODRIGEZ, HUMBERTO S JR		1.2 N							1	
STREET ADDRESS					FADORESS		•			}	
CITY-ST-ZIP			ITY-ST	í-ZIP			<del></del>	Change	Addition		
TITLE	VD Rodrigez, Humberto S								☐ Oliango		
NAME	0100 MEST ZOTH STREET									.	
STREET ADDRESS	HIALEAH FL 33016				T ADDRESS		المراجع المستعدد المراجع المراجع	٠ در٠			
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NAME			4.2 N	JAME						ļ	
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CITY-ST-ZIP			4.4 C	ΠY-ST	r-ZIP						
TITLE		☐ DELETE	5.1 TI	TLE					☐ Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS	ł		5.3 8	TREET	ADDRESS						
CITY-ST-ZIP				ITY-ST	r-zip						
TITLE		☐ DELETE	6.1 TI		_		_		Change	☐ Addition	
NAME			6.2 N	AME							
STREET ADDRESS	1		6.3 S	TREET	F ADDRESS					J	

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 attagramment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

O OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90178 001 \*\*\*150.00