## 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

## DOCUMENT # P98000084970

1. Corporation Name

## Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90037 042 \*\*\*150.00

SOFTWA INC.	ARE ENGINEEHING AND TE	CHNOLOGY INTEGRA	ATION,		
Principal Place	e of Business	Mailing Address		I ISBUISSI III ISBUI (SIXI SSIII SSIII SSIII)	
7511 FAWN LAKE DR S. 7511 FAWN LAKE DR S.					
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualifed	
				10/05/1998	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FELNumber — ()	Applied For
21		26		59-80 1010	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 ~	<u> </u>	27		0. 001,000 0. 00000	Fee Required
City & State	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	itangible No
24	25	29	30	Personal Property Tax.  10. Name and Address of New Registered	
	9, Name and Address of Curren	it Kegistered Agent	81 Name	10. Name and Addition of New Yorkston	
FLO	RIDA INCORPORATORS, INC.				
	1 BRICKELL AVENUE		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	,
SUIT	TE 900		83		
MIAN	MI FL 33131				
		e.	. 84 City	Fl	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, Florida Statu	ites, the above-named co	orporation submits this statement for the purpose o ation's board of directors. I hereby accept the appo	of changing its registered bintment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statutes.	240770 30040 07 07 0000 00 00 00 00 00 00 00 00 00	
agent. I a	m familiar with, and accept the obligation of the state o	auons of, Section 607.0505, Fi	erida Statutes.  E: Registered Agent signature requ		
agent. I a	Im familiar with, and accept the obligation in the state of the state	nt and title if applicable. (NOT	E: Registered Agent signature requests.		ND DIRECTORS IN 12
agent. I a	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.  (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN D HOLZENDORF, KESSLER	nt and title if applicable. (NOT	E: Registered Agent signature requests.	uired when reinstating) DATE	ND DIRECTORS IN 12
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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 impowered 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 address with all other like empowered.

6.4 CFTY-ST-ZIP

SIGNATURE: