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 # P98000088124

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90233 012 ***150.00

DINIEL SOFTWARE, INC.							
Dissipated Diss	at Division	Mailing Address		· · · · · · · · · · · · · · · · · · ·		YITE es titt er eist i n ter (e tot eile	AND HADAN DIEN HOOD
6471 NORTHWEST 78TH PLACE 6471 NORTHWEST 78TH PLAC PARKLAND FL 33067 PARKLAND FL 33067					ļ		
PARKLANU FE 33067 . PARKCANU FE 33067					DO NOT WRI	TE IN THIS SPACE	
					3. Date Incorporated or Qualifed	<u> </u>	
					10/15/1998		
2. Principal P	lace of Business	2a. Mailing Address	3		4. FEI Number	X	Applied For
21	_	26					Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		5. Certifcate of Status Desired	1 1 7 7	Additional
22		27			3. Oct. madio di cidado 2001/00	Fee I	Required
City & State	•	City & State			6. Election Campaign Financing		0 May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Žip	Country	Zip	Cou	intry	8. This corporation owes the cur		ONIN-
24		29	30		Personal Property Tax.	Yes_	(<u>X</u> No
ļ <u> </u>	9. Name and Address of Current	Registered Agent		81 Name 🗸	10. Name and Address of New		
A S A P	DH ANAN/ED			81 Name G	ENE KOFMA	N	
AMERILAWYER				82 Street Add	ress (P.O. Box Number is Not Accept	able)_	
343 ALMERIA AVENUE					INW 1814 PCA	CE	
CUA	AL GABLES FL 33134			83			
î I				84 City /) /	PRKLAND	85 Zi	p Code 3 0 6 7
						FL 3	306 /
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 (appliliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Leve by GEN	E KOFMA	N PR	ESIDEN	T4	116/49	
0,0,1,1,0,12	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registered	Agent signature require		DATE	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
TITLE !	PSTD			}		Containg	
NAME	KOFMAN, GENE I	_	1.2 N/				
STREET ADDRESS	6471 NORTHWEST 78TH PLACE	t		REET ADDRESS			
CITY- ST- ZIP	PARKLAND FL 33067	□ pcu		TY-ST-ZIP		Chang	e Addition
TITLE						☐ Criang	s Dyaquigu
NAME			2.2 N/				(
STREET ADDRESS			2.3 \$1	REET ADDRESS			ļ
CITY-ST-ZIP -	<u> </u>			ITY-ST-ZIP			Addition
TITLE		☐ DELE]		☐ Chang	e
NAME			3.2 N/				
STREET ADDRESS			3.3 \$7	TREET ADDRESS	,		
CITY-ST-ZIP				ITY-ST-ZIP			ge Addition
TITLE		☐ DELE	TE 4.1 π	TLE		☐ Chang	'a C Vocinon
NAME			4.2 N	AME }			
STREET ADDRESS			4.3 ST	TREET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELE				☐ Chang	ge
NAME			5.2 N	I			ļ
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELE				Chang	ge 🗌 Addition
NAME			6.2 N	1			ļ
STREET ADDRESS	n miner a sing		6.3 \$1	TREET ADDRESS	•		
CITY-ST-ZIP	THE STREET STREET		6.4 CI	TY-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.

SIGNATOR ENERGY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR