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 # P98000106792

1. Corporation Name

MICROTECH SOFTWARE SOLUTIONS, INC.

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90037 018 ***150.00

| ļ | | | | | |
|--|--|---------------------------------------|---------------------|-------------------------|---|
| Principal Place of Business Mailing Address | | | | | |
| 5436 N.E. 21ST TERRACE 5436 N.E. 21ST TERRACE | | | | | |
| FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 | | | | | DO NOT WRITE IN THIS SPACE |
| , | | | | | 3. Date Incorporated or Qualifed |
| 1 | | | | | 12/24/1998 |
| 2. Principal Place of Business 2a. Mailing Address | | | | _ | 4. FEI Number Applied For |
| 21 32, 26 | | | | | 58-2214974 Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired S8.75 Additional |
| 27 27 | | | | <u>را چاہد عدر جح</u> ی | 5. Certificate of Status Desired Fee Required |
| City & Stat | te | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | _ | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Coun | try | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 24 | 25 | 29 3 | 0 | _ | Personal Property Tax. Yes YANo 10. Name and Address of New Registered Agent |
| | 9. Name and Address of Curre | nt Registered Agent | 1 | 31 Name \/ | |
| MALL | YSETTY, VENKATA R | | L | VI | ENKATA R. MALLYSETTY |
| 5436 N.E. 21ST TERRACE | | | | | ress (P.O. Box Number is Not Acceptable) 6 N.E. 21 ST TERRACE |
| FT. L | AUDERDALE FL 33308 | | l li | 33 | o Nie. 21 IERRACE |
| 1 | | | | | |
| | | | - 1 | B4 City | -LAUDERDALE FL 85 Zip Code 8 33308 |
| 11 Pursuant | to the provisions of Sections 607.050 | 02 and 607,1508. Florida Statutes | the abo | ove-named com | poration 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 907.0505. Florida Statutes. | | | | | |
| | 1/1/10 $V/-$ | applis of, Secoul 107.0505, Fluid | اهِ ڪاهاليا | .65. | 04-05-1999 |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: R | egistered A | gent signature require | ad when reinstating) DATE |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITL | E | Change Addition |
| NAME | MALLYSETTY, VENKATA R | | 1.2 NAM | IE | , |
| STREET ADDRESS | 5436 N.E. 21ST TERRACE | | 1.3 STR | EET ADDRESS | · · |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | | 1.4 CITY | (-ST-ZIP | |
| TITLE | | ☐ DELETE | 2.1 TITL | E [| Change Addition |
| NAME | ļ | | 2.2 NAM | Æ | |
| STREET ADDRESS | | | 2.3 STR | EET ADDRESS | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | TA SERVICE |
| ±۱۱۱۱€ حسمت ا | | DELETE - | 3.1 TITL | | Change Addition |
| NAME | | | 3.2 NAA | Į | |
| STREET ADDRESS | , | • | | EET ADDRESS | |
| CITY-ST-ZIP | 7 | □ DELETE | _ | Y-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | | C) DECE IE | 4.1 TITL | | [] Ollarige [] Addition |
| NAME | 1 | | 4. 2 NA | | |
| STREET ADDRESS | | | 1 | EET ADDRESS | |
| CITY-ST-ZIP | | DELETE | • | /-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | | . Li Deceie | 5.1 TITL 5.2 NAA | · [| |
| NAME | J | | | EET ADDRESS | |
| STREET ADDRESS | 1 | | | -ST-ZIP | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITL | | Change Addition |
| TITLE | Ì | | 6.2 NAA | ì | Similar (|
| NAME | | | | 1 | |
| STREET ADDRESS | : | | 0.3 S t H | EETADORESS | |

14. 1 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. CITY-ST-ZIP

A I III Q IE IO

Daytime Phone #