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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S17534

PEACH BUD SOFTWARE SERVICES, INC.

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90031 030 ***158.75



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9, Name and Address of Current Registered Agent PEACH, HERSCHEL R. 1166 SW 2ND ST. BOCA RATON FL 33486 84 City FL 85 Zitreet Aidress (P.O. Bo: Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Surdians 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its equistered agent. I am farmiliar with, and a cept the obligations of Section 607 0505, Florida Statutes, the above-named corporation's board of livectors. I hereby accept the approximent as registered agent agent. I am farmiliar with, and a cept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITI 3NS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITI 3NS/CHANGES TO OFFICERS AND DIRECTORS 11.2 Name 14. CITY-ST.2P 15. TITLE 16. SW 2ND STREET 17. STREET ADDRESS		Cour try	Zip		ntry			•	rent year		•	5 6.
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PEACH, HERSCHEL R. 1166 SW 2ND ST. BOCA RATON FL 33486 82 Street Alidress (P.O. Bo:: Number is Not Acceptable) 83 Street Alidress (P.O. Bo:: Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Shictions 607.050; and 607.1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corpor ation's board of irrectors. I hereby accept the approintment as registered agent, and another the chips of a complete approintment as registered agent. I member agent and accept the chips of societion 607.0505, Florida Statutes. SIGNATUTE 12. OFFICERS AN D DIRECTORS 13. ADDITI DISSICHANGES TO OFFICERS AND DIRECTO \$ IN 12. 12. TITLE 12. NAME 13. SIRRETADRESS 13. SIRRETADRESS 14. CITY-51.2P 14. CITY-51.2P 15. TITLE 15. TIT		9. Name and Address of Curre	ent Registered Agent		04		10. Na	me and Address of New	Register	d Agent		-
11. Pursuint to the provisions of Sictions 607.0507, and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of irrectors. I hereby accept the approximent as registered agent, and a remain with, and a respit the obligations of Section 607.0505, Florida Statutes. SIGNATUFE: 11. Pursuint to the provisions of Sictions 607.0507, and 607.1508, Florida Statutes, the above-named corporation's board of irrectors. I hereby accept the approach as setting in the corporation submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of irrectors. I hereby accept the approach as setting its egistered agent, and a remain with, and a respit the obligations of Section 607.0505, Florida Statutes. 11. Pursuint to the provisions of Sictions 607.0505, Florida Statutes, the door agent agent and state is applicable. 400	DC:A/	OU HEDOONE! D			81	Name						
BOCA RATON FL 33486 ### City		•			82	Street Add	dress (P.O.	Box Number is Not Accep	table)			
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11. Pursurant to the provisions of Suctions 607.050° and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corpor tition's board of Jirectors. I hereby accept the application and the provisions of Section 607.0505, Florida Statutes. SIGNATULE: 12.	5,50	A TATON TE GOTOS										
11. Pursuant to the provisions of Sictions 607.0507 and 607.1508, Florida Slatities, the above-named corporation submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida Such change was authorized by the corpor tion's board of lifectors. I hereby accept the application agent in an infamiliar with, and a xeept the obligations of . Section 607.6505, Florida Statutes. SIGNATURE Signature, typed or perited in the of registered agent and title if applicable. (NOTE: Registered Agent a					84	City			F	85 2	Zip Cı	ode
12	office or n	egistered agent or hoth in the State	e of Florida. Such change was	authorized	DV	the corpor at	rporation su tion's board	bmits this statement for the of directors. I hereby according	e purpose ept the ap	of changing pointment a	j its s reçi	egistered istered
13. ADDIT NNS/CHANGES TO OFFICERS AND DIRECTO S IN 12	SIGNATURE	Signature, tuned or nighted or me of registered ac	en and title if applicable. (NO)	E: Registered	Agent	t signature requi	red when reinsta	iting.	DATE			
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6.4 CITY-ST-ZIP 14. I here by 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 indica ed 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 change 1, or on an attachment with an address, with all other like empowered