FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of Sate DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

1	MENT # S83552 ATIVE SOFTWARE DESIGNE	• •			
Principal Place of Business Mailing Address					#### 0101E 010## 910## 010## #10## 10##
1101 W KENNEDY BLVD TAMPA FL 33808		1101 W KENNEDY BLVD TAMPA FL 33806		DO NOT WRITE I	N THIS SPACE
US		U\$		3. Date Incorporated or Qualified	11110 017100
			•	09/27/1991	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3095395	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		a Flankia Communica Financia	······································
23	8	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent
VAI	NOVER, SCOTT PEERCE		81 Name		
1101 W KENNEDY BLVD TAMPA FL 33606			82 Street Add	fress (P.O. Box Number is Not Acceptable	θ)
			00		
			83		
1.	4		84 City		FL 85 Zip Code
44 Purcuani	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the above-named cor	poration submits this statement for the pu	rnose of changing its registered
 office or r 	realstered agent, or both, in the State.	of Florida, Such change was	authorized by the corpora	alion's board of directors. I hereby accept	the appointment as registered
1	im familiar with and accept the obliga	itions of, Section 607.0505, F	iorida Statutes.		
SIGNATURE	Signature, lyped or profed name of registered ages	of and the if applicable (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ ĐEL E TE	1.1 TITLE		☐ Change ☐ Addition
NAME	VANOVER, SCOTT PEERCE		1.2 NAME		
STREET ADDRESS	1101 W KENNEDY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		Observe T Addition
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	VANOVER, KEITH PATRICK		2.2 NAME		
STREET ADDRESS	1101 W KENNEDY BLVD		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	TAMPA FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		·····	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

FILED Apr 29 1998 8:00am Secretary of State

14. 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 suppliemental arinual 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 of the occiver or my flee 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.