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 # V19433

1, Corporation Name

X-SOFT CORPORATION

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90178 050 ***150.00



Principal Place of Business Mailing Address						-	1 01911 01011 010 11 1	RLETT BIRTH LAND
6308 VIA PALLADIUM 6308 VIA PALLADIUM								
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	•					03/09/1992		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	plied For
21	•	26				NOT APPLICABLE	N/	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
27						5. Certificate of Status Desired — — —	Fee Re	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	·.	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I	ntangible	ļ
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registere	d Agent	
014000 HTV4NDT0 0				81	Name			
CHIGOS, ALEXANDER G.				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
6308 VIA PALLADIUM				outer Address (F.S. Box Hermon is New Assessment)			<u> </u>	
BOC	A RATON FL 33433			83				İ
		-		84	City		. 85 Zip	Code
				34	City	F	L " - "	
l office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	te of Florida. Such change was at	uthorized	l by i	the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE								
SIGITATORE	Signature, typed or printed name of registered ac	gent and title if applicable. (NOTE:	Registered	Agent	signature required			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1.1 TIT	LE	į		☐ Change	Addition
NAME	CHIGOS, ALEXANDER G.		1.2 NA	ME				
STREET ADDRESS	6308 VIA PALLADIUM		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CI	TY-ST	- ZIP			
TITLE	V	☐ DELETE	2.1 117	ILE			☐ Change	Addition Addition
NAME	CHIGOS, CAROL ANN		2.2 NA	ME				
STREET ADDRESS	6308 VIA PALLADIUM		2.3 ST	REET	ADDRESS			ļ
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CI	TY-S	T-ZIP			
TITLE	T	☐ DELETE	3.1 TIT	η.Ε			Change	☐ Addition
NAME	RYAN, ETTA L.		3.2 NA	WE				1
STREET ADDRESS	1201 SOUTH OCEAN DR. #3	120-S	3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	HOLLLYWOOD FL 33019		3.4. CI	TY-\$1	T-ZIP			
TITLE		☐ DELETE	4.1 TIT	TLE	1		☐ Change	Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS		,	
CITY-ST-ZIP			4.4 CF	7Y-S1	r-ziP			
TITLE		☐ DELETE	5.1 TI			,	· 🗌 Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	REET	ADORESS			
CITY-ST-ZIP	·		5.4 CI		-ZIP			
TITLE		☐ DELETE	6.1 Til	LE			☐ Change	☐ Addition
NAME	•		6.2 NA	WE				i
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, an attachment with an address, with all other like empowered.

SIGNATURE:

EQUIRED SIGNATURE AND TYPES OR PRINTED PAGE OF SIGNING OFFICER OR DIRECTOR