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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

TITLE NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthagi

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V34318
1. Corporation Name
MEGASOFT, INC.

(8)

## **FILED** May 19 1997 8:00am Secretary of State

Principal Place of Business 4201 VINELAND RD SUITE 1-2 ORLANDO FL 32811		Mailing Address 4201 VINELAND RD SUITE I-2 ORLANDO FL 32811-6826			
US		US		3. Date incorporated or Qualified 05/07/1992	3a. Date of Last Report 04/19/1996
2. Principal P	Place of Businoss	2a, Mailing Address 26		4. FEI Number 59-3130428	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country  25	Zip  29  30	Gountry	8. This corporation has liability for in Florida Statutes  10. Name and Address of New Reg	Yes Tho
9. Name and Address of Current Registered Agent  PRICHARDSON, JEFFREY  81 Name			81 Name		
8301 DIAMOND COVE CIRCLE			82 Street Addre	ISA POLICANO	(a)
ORLANDO FL 32838			Sileer Adji	ess (P.O. Rox Number is Not Acceptable SUMYLEK OAK	\$7.
			83		
			84 City OR	LANDO	FL 85 32835
11. Pursuant office or r	to the provisions of Sections 607 0502 registered agent, or both, in the State of manifer with and accept the obligable.	and 607.1508, Florida Statutes, Dorida Such change was auli ons of Selvion 607.0505, Floric	the above named corp horized by the corporati la Statutes.	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
SIGNATURE	_ susa 7 1	vicaro	egisioned Agenit signature require	$\eta_l$	lay 12, 1997
12.	Signature, Aped or printed harve of registered agont Of LICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PO RICHARDSON, JEFFREY	DETELE	1,N THILE		Charige Addition
NAME OTOTET ADDOCES	8301 DIAMOND COVE CIRCLE		1.P NAME		
STREET ADDRESS City-St-Zip	ORLANDO FL		1.B STREET ADDRESS 1.B CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	GOETZ, KAREN		2 P NAME		·
STREET ADDRESS	344 WEST GENESEE ST		2 B STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY	and the second section of the second	2. 4 CITY-ST-ZIP		
TITLE	LONG, ROBERT	☐ DELETE		RESIDENT	Change
NAME DEDCET ADDRESS	344 WEST GENESEE ST	•	3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	SYRACUSE NY		3 8 STREET ADDRESS 3 4. CITY-ST-ZIP		
TITLE		DELETE	41 117LE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.8 STREET ADDRESS		
CITY-ST-ZIP			4 # CITY-ST-ZIP	anne conserva colonic service se con	describes another considerable for the first books to about a specific of the form of the
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 9 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY-ST-ZIP 64 THUE		Change Addition

62 NAME **63 STREET ADDRESS** 

14. I do 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 eath; 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