

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

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

04-28-1999 90008 006 ***150.00

DOCUMENT # V71772

1. Corporation Name

SUNGARD OF ORLANDO, INC.

Principal Place of Business

502 SAN SEBASTIAN PRADO
ALTAMONTE SPRINGS FL 32714

Mailing Address

502 SAN SEBASTIAN PRADO
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1992

4. FEI Number

59-3149391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year tangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3419 Seagrave Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 3419 Seagrave Dr
Suite, Apt. #, etc.

23 City & State
Winter Park FL

24 Zip 32792 25 County ORANGE

27 City & State
Winter Park FL

29 Zip 32792 30 County ORANGE

9. Name and Address of Current Registered Agent

ZITO, FERN K.
502 SAN SEBASTIAN PRADO
ALTAMONTE SPRINGS FL

10. Name and Address of New Registered Agent

81 Name Richard Wilson

82 Street Address (P.O. Box Number is Not Acceptable)

3419 Seagrave Dr

83

84 City Winter Park FL

85 Zip Code 32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME ZITO, FERN K.
STREET ADDRESS 502 SAN SEBASTIAN PRADO
CITY-ST-ZIP ALTAMONTE SPGS. FL ☒ DELETE

TITLE D
NAME ZITO, EDWARD
STREET ADDRESS 502 SAN SEBASTIAN PRADO
CITY-ST-ZIP ALTAMONTE SPGS. FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Richard Wilson
1.3 STREET ADDRESS 3419 Seagrave Dr
1.4 CITY-ST-ZIP Winter Park FL 32792 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-99 407) 862-6333

CR2E034 (11/98)