

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G97656**

(4)

1. Corporation Name

THOUGHTWARE, INC.

Principal Place of Business

**200 S. BISCAYNE BLVD.
SUITE 2750
MIAMI FL 33131-2321
US**

Mailing Address

**200 S. BISCAYNE BLVD.
SUITE 2750
MIAMI FL 33131-2321
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1984

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2323839

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22. City & State

23. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**TRAUTMAN, EILEEN
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 of Agent or Registered Agent (Print Name and Title)

Signature of President, Secretary, Treasurer, or Director (Print Name and Title)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
BRANDT, WILLIAM A.
200 S. BISCAYNE BLVD, SUITE 2750
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VSD
CARUSO, FRED C.
200 S. BISCAYNE BLVD, SUITE 2750
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VTD
LUZINSKI, JOSEPH J.
200 S. BISCAYNE BLVD, SUITE 2750
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
WHEELER, JOHN C.
200 S. BISCAYNE BLVD, SUITE 2750
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
CAVANAUGH, PATRICK D.
200 S. BISCAYNE BLVD, SUITE 2750
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or authorized representative of the corporation and my name appears in Block 12 or 13 or both, and I am not an attorney or an attorney-in-fact.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/95