

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

FILED

**May 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # H09512 (5)
1. Corporation Name
JENOPTIK INFAB SOFTWARE, INC.



Principal Place of Business Mailing Address
280 W CANTON AVE #230 WINTER PARK FL 32789 **280 W CANTON AVE #230 WINTER PARK FL 32789-3166**

3. Date Incorporated or Qualified **06/25/1984** 3a. Date of Last Report **12/31/1996**
4. FEI Number **59-2777715** Applied For Not Applicable
6. 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SIMMONS, MICHAEL
280 WEST CANTON AVENUE
SUITE 230
WINTER PARK FL 32789**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, MICHAEL	1.2 NAME	
STREET ADDRESS	3226 CANDLERIDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOY, ROBERT	2.2 NAME	
STREET ADDRESS	324 HENKEL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACEK, JAMES	3.2 NAME	
STREET ADDRESS	4604 WILD BRIAR PASS	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78746	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIDAY, JAMES E	4.2 NAME	
STREET ADDRESS	7 DRIFTING WIND RUN	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78746	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASKULSKI, DENNIS C	5.2 NAME	
STREET ADDRESS	RT 4 BOX 4932	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ROCK PA 17327	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCH-HEINZ, KARL	6.2 NAME	KUCH, KARL-HEINZ
STREET ADDRESS	WILHELM-HAUFF-WEG 20	6.3 STREET ADDRESS	
CITY-ST-ZIP	07751 WOGAU GERMANY	6.4 CITY-ST-ZIP	

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 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/28/97** DAYTIME PHONE # **0000000**

CR2E034 (9/96)