

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

**APPROVED  
AND  
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95 APR 18 PM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # L56012 (2)**

1. Corporation Name  
**SOFTWARE GENERATIONS CORP.**

Principal Place of Business      Mailing Address

**5352 KEMKERRY RD  
WESLEY CHAPEL FL 33543**      **5352 KEMKERRY RD  
WESLEY CHAPEL FL 33543**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report

**03/06/1990**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      25 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

4. FEI Number      Applied For

**59-2998860**      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

9. Name and Address of Current Registered Agent

**MAY, BARBARA J.  
5352 KEMKERRY RD  
WESLEY CHAPEL FL 33543**

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, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>MAY, CHARLES R.</b>
STREET ADDRESS	<b>5352 KEMKERRY RD</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>
TITLE	<b>ST</b>
NAME	<b>MAY, BARBARA J.</b>
STREET ADDRESS	<b>5352 KEMKERRY RD</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 110.07(3)(b), 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.

SIGNATURE: BARBARA J. MAY      *Barbara J. May*      4/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      Date      (Optional Phone #)