SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000001869 (4)

1. Corporation Name

SUNBELT SOFTWARE DISTRIBUTION, INC.

Principal Place of Business

~~% RICHARD A. JACOBSON~~
~~501 E. KENNEDY BLVD., SUITE 1700~~
TAMPA FL 33602

Mailing Address

~~% RICHARD A. JACOBSON~~
~~501 E. KENNEDY BLVD., SUITE 1700~~
~~TAMPA FL 33602~~

2. Principal Place of Business	2a. Mailing Address
21 101 N. GARDEN AVE.	26 101 N. GARDEN AVE.
Suite, Apt #, etc 22 230	Suite, Apt #, etc 27 230
City & State 23 CLEARWATER	City & State 28 CLEARWATER
Zip 24 34615 — Country 25 PINELLAS	Zip 29 34615 — Country 30 PINELLAS

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: 10/26/1995
4. FEI Number: ~~APPLIED FOR~~ 59-3322207 ☐ 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

9. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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	DPTS	☐ DELETE
NAME	MURCIANO, JO	
STREET ADDRESS	116-118 AVE. PAUL DOUMER, 92563 RUEIL-MAL.	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	~~AS~~	☒ DELETE
NAME	~~JACOBSON, RICHARD A~~	
STREET ADDRESS	~~501 E. KENNEDY BLVD. STE 1700~~	
CITY-ST-ZIP	~~TAMPA FL 33602~~	
TITLE	EXEC VICE PRES	☐ DELETE
NAME	STU SJOUWERMAN	
STREET ADDRESS	101 N. GARDEN AVE #230	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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 Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] STU SJOUWERMAN June 28 96 813 562-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/96)