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 PM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001519 (7)

1. Corporation Name
ABLESOFT CORPORATION

Principal Place of Business
3730 NW 56TH PLACE
GAINESVILLE FL 32606

Mailing Address
3730 NW 56TH PLACE
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:

4. FEI Number: 59-3225316 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 2230 NW 57th Terrace	26 5200 NW 43rd Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. #102-336
23 City & State: Gainesville FL	28 City & State: Gainesville FL
24 Zip: 32605 — 25 Country: USA	29 Zip: 32606 — 30 Country: USA

9. Name and Address of Current Registered Agent

ARROYO, JAVIER A
3730 NW 56TH PLACE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2230 NW 57th Terrace
83
84 City: Gainesville FL 85 Zip Code: 32605

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	11 TITLE	[X] Change [ ] Addition
NAME	ARROYO, JAVIER A	12 NAME	
STREET ADDRESS	3730 NW 56TH PLACE	13 STREET ADDRESS	5200 NW 43rd St. #102-336
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville FL 32606
TITLE	VS	21 TITLE	[X] Change [ ] Addition
NAME	ARROYO, MILDRED S	22 NAME	
STREET ADDRESS	3730 NW 56TH PLACE	23 STREET ADDRESS	5200 NW 43rd St. #102-336
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville FL 32606
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JAVIER A. ARROYO — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/95 Date — 377-7563 (904) Daytime Phone #

0412779 FF