SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:55

DOCUMENT # **F07384** **(3)**

1. Corporation Name
MOTIVE 8, INC.

Principal Place of Business	Mailing Address
1625 N COMMERCE PKWY SUITE 300 FT LAUDERDALE FL 33326	1840 NE 186 ST. 2-D N. MIAMI BCH. FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/01/1980	03/04/1994

2. Principal Place of Business	2a. Mailing Address
21 1840 N.E 186 ST	26 1840 N.E 186 ST
Suite, Apt. #, etc. 22 2-D	Suite, Apt. #, etc. 27 2-D
City & State 23 N. MIAMI BCH. FL.	City & State 28 N. MIAMI BCH. FL.
Zip / County 24 33129 / 25 USA	Zip / County 29 33129 / 30 USA

4. FEI Number: 59-2705340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YEAGER, DENNIS D 1840 NE 186 ST. #2-D N. MIAMI BCH. FL 33179	81 Name: SAME 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] DENNIS D. YEAGER 6-16-95
(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.		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	YEAGER, DENNIS D., SR.	12 NAME		
STREET ADDRESS	1840 NE 186 ST. #2-D	13 STREET ADDRESS		
CITY ST ZIP	N. MIAMI BEACH FL 33179	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	YEAGER, DENNIS D., JR.	22 NAME		
STREET ADDRESS	1840 NE 186 ST. #2-D	23 STREET ADDRESS		
CITY ST ZIP	N. MIAMI BEACH FL 33179	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	DIAZ, DENESE D.	32 NAME		
STREET ADDRESS	1840 NE 186 ST. #2-D	33 STREET ADDRESS		
CITY ST ZIP	N. MIAMI BEACH FL 33179	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	YEAGER, GLADYS J.	42 NAME		
STREET ADDRESS	1840 NE 186 ST. #2-D	43 STREET ADDRESS		
CITY ST ZIP	N. MIAMI BEACH FL 33179	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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] PRES 6-16-95 305-932-8281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0062980 CP