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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

F42173

(7)

SALER SOFTWARE SERVICES, INC.

						
Principal Place	of Business	Mailing Address		* 143/145 1111 61415 1144 11511 1541		
C/O LAWRE		C/O LAWRENCE RO				
5312 GARFIE	-	5312 GARFIELD STR HOLLYWOOD FL 330				
HOLLYWOOI US	J FL 33U21	US US	æ i	3. Date Incorporated or Qualified	3a. Date of Last 08/14/	
				08/26/1981 4. FEI Number	00/14/	Applied For
2. Principal Pla	ce of Business	2a. Mailing Address		59-2126664	 	Not Applicable
21	alo.	26 Suite, Apt. #, etc.			\$8.7	5 Additional
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	7	e Required
City & State		City & State		6. Election Campaign Financing	\$5.	00 May Be
23		28		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		s 199.032,
24	25	29	30	Florida Statutes		
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New R	adisteled whell	
	LAWRENCE		82 Street Add	dress (P.O. Box Number is Not Acceptabl	le)	
	ARFIELD STREET		83			
HOLLY	WOOD 33021					
			84 City		FL 85	Zip Code
familiar witi	H, and accept the obligations of, or	COMOT COLLOCO LI LOUGIA CIGICA	0.			
SIGNATURE	n, and accept the obligations of, Se Signature, typed or printed name of registered as	gent and tille if applicable (N	OTE: Registered Agent signature requi		DATE	TODO IN 40
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	gont and title if applicable (N AND DIRECTORS	OTE: Registered Agent signature requi	rred whan reinstating) ADDITIONS/CHANGES TO OFFI	ICERS AND DIREC	
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SIGNATURE	Signshire, typed or printed name of registered ag OFFICERS A PD LEVY, SUSAN L.	gont and title if applicable (N AND DIRECTORS	OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME		ICERS AND DIREC	
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ruo rereby certify that the information supplied with this iming is voluntarily furnished and does not qualify for the exemption stated in Section (19.07/5)[k], Fronda Statutes, Furnier 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: Seran T John LAWRA, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAWRANCE ROHR

A INDIVIDA HILI OKOKA LIDAN KIOKI INDAD DINI OTOKI OLOKI BIBHI OLOKI SIOKI OLOKI DIDIL IBA

954 963 2457