FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F42173

(7)

FILED Mar 24 1998 8:00am Secretary of State

SALER	Name SOFTWARE SERVICES, II	NC.	()						
Principal Place of Business Mailing Address							1111 01011 010 1		(A)) A981) (BA)
C/O LAWRENCE ROHR C/O LAWRENCE ROHR									
5312 GARFIELD STREET 5312 GARFIELD STREET									
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualified			
						08/26/1981			
	lace of Business	2a. Mailing /	Address			4. FEI Number		A	pplied For
21		26				59-2126664		N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			ol. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22 27						b. Certificate of Status Desired	L	Fee R	Required
City & State City &			& State			6. Election Campaign Financing		\$5.00) May Be
23	28				Trust Fund Contribution			to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has p	aid the cui	rent vear Ir	ntangible
24	25	29	3	90		Personal Property Tax due June			□ No
	9. Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New R		Agent	
RO	HR, LAWRENCE			81	Name				
5312 GARFIELD STREET									
HOLLYWOOD 33021				82	Street Addr	ess (P.O. Box Number is Not Accepta	.ble)		
(1000) 5002				63					
				84	City			85 Zip	Code
44 5 5 5	10 00705	00 100 1700 5					FL	,	
office or n	io the provisions of Sections 607.05 e cistered agent , or both, in the State	02 and 607.1508, F e of Florida. Such c	londa Statutes hange was au	i, the above thorized by	named corp	oration submits this statement for the ion's board of directors. I hereby acce	purpose of	changing i	its registered
agent. I a	m familiar with, and accept the obliq	ations of, Section (607.05 0 5, Flori	da Statutes	ino corporati i.	ions board of directors. Thereby acce	יטי מטף	Oliveriorie de	s registered
SIGNATURE									
	Signature, typed or printed name of registered ag		(NOTE:		nt signature require	ed when reinetating)	DATE		
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	
TITLE	PD	L	DELETE	1.1 TITLE				L_1 Change	☐ Addition
NAME	LEVY, SUSAN L.			1.2 NAME					
STREET ADDRESS	5182 LAZY OAKS DRIVE			1.3 STREET	address				İ
CITY-ST-ZIP	WINTER PARK FL			1.4 C/TY - S1	r-ziP				
TITLE	810		DELETÉ	2.1 TITLE				Change	Addition
NAME	ROHR, LAWRENCE			2.2 NAME					_
STREET ADDRESS	5312 GARFIELD ST			2.3 STREET	ADORESS	*			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-S					
TITLE			DELETE	3.1 TITLE	1-2IF			Change	Addition
NAME		_		3.2 NAME				change	
									!
STREET ADDRESS				3.3 STREET					İ
CITY-ST-ZIP			DECETE	3.4. CITY - S	T-ZIP				
TITLE		Ŀ	DELET E	4.1 TITLE				☐ Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET /	ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST	- ZIP				
TITLE			DELETE	5.1 TITLE	Ţ			Change	□ Addition
NAME				5.2 NAME					ĺ
STREET ADDRESS				5.3 STREET A	ADDRESS				
CITY-ST-ZIP				5.4 CITY - ST					
TITLE			DELETE	6.1 TITLE			-	Change	Addition
NAME			•	6.2 NAME					-13011011
STREET ADDRESS					IOOBECC				1
				6.3 STREET A	4				
CITY-ST-ZIP	and the state of t	10- A-1- 490		6.4 CITY-ST	- ZIP				

I hereby certify that the information supplied with this filing 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. Where Rohn