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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F57069

(9)

1. Corporation Name:

PM SOFTWARE, INC.



Principal Place of Business

760 NW 73RD TERRACE  
PLANTATION FL 33317

Mailing Address

760 NW 73RD TERRACE  
PLANTATION FL 33317

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCDUGLE, PATRICIA E  
760 NW 73RD TERRACE  
PLANTATION FL 33317

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 607.002 and 607.1505, 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, Sections 607.002, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of Agent for Change of Registered Office

Signature of Agent for Change of Registered Agent

12. OFFICERS AND DIRECTORS

1. TITLE

S

[ ] DELETE

NAME

MCDUGLE, GARY  
760 NW 73RD TERRACE  
PLANTATION FL 33317

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

PTD

[ ] DELETE

NAME

MCDUGLE, PATRICIA  
760 NW 73RD TERRACE  
PLANTATION FL 33317

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

[ ] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

[ ] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

[ ] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

[ ] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

[ ] Change [ ] Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

[ ] Change [ ] Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

[ ] Change [ ] Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

[ ] Change [ ] Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

[ ] Change [ ] Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

[ ] Change [ ] Addition

22. NAME

23. STREET ADDRESS

24. 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; that the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of, or addition of, a new officer or director.

SIGNATURE:

*Patricia E. McDugle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

754-791-5957

CR2E034 (12/95)