

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F83668 (6)

1. Corporation Name

PROFESSIONAL SOFTWARE ASSOCIATES, INC.

Principal Place of Business

1280 SEMINOLA BOULEVARD
CASSELBERRY FL 32707

Mailing Address

1280 SEMINOLA BOULEVARD
CASSELBERRY FL 32707



3. Date Incorporated or Qualified

06/01/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 3097 Rio Bonita St.

2a. Mailing Address

26 Same 3097 Rio Bonita St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Indialantic, Florida

City & State

28 Indialantic, Florida

Zip

24 32903

Country USA

25 Brevard

Zip

29 32903

Country USA

30 USA

4. FEI Number

59-2198936

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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 ☐ No

9. Name and Address of Current Registered Agent

FARRELL, JOHN E.
608 WOODFIRE WAY
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

John E. Farrell

82 Street Address (P.O. Box Number is Not Acceptable)

3097 Rio Bonita Street

83

84 City

Indialantic

FL

85 Zip Code

32903

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

John E. Farrell

John E. Farrell

2/27/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
FARRELL, JOHN E
STREET ADDRESS 608 WOODFIRE WAY
CITY-STATE-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

John E. Farrell
3097 Rio Bonita Street
Indialantic, Florida 32903

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

John E. Farrell

John E. Farrell

2/27/96

407-773-3904

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)