SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (9)G90723 DOLPHIN SOFTWARE DISTRIBUTING, INC. Principal Place of Business Mailing Address 9055 S.W. 87 AVE. 9055 S.W. 87 AVE. #312 #312 MIAM! FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report HS US 02/08/1984 04/06/1995 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 59-2378852 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has hability for intangible tax under s. 199 032, 24 25 Yes No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **CHOBA CHARLES JR** 8214 SW 103RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 202 83 **MIAMI FL 33173** 84 City 85 Zin Code FL 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. Thereby accept the appointment as registered agent. I am familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: type to or printed in more of registered agent and title if applicable (NOTE_Registered Age it signature required when relistantique 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/E)DELETE TITLE 11 TIFLE Change Addition CHOBA, CHARLES, JR. NAME 1.2 NAME **CR2E034** 8214 S.W. 103RD AVE. STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIE TITLE [DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE THEF Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHTY-ST-ZIP 34 CITY-ST-7IP TITLE DELETE 4 1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZiP 4.4 CITY - S! - 7IP DELETE TITLE 5.1 TITLE Criange Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP TITLE DELETE 61 Tift £ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 Cify - ST - ZiF 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 1 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 it made under eath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes of on an attachment with an address SIGNATURE AND TYPED OR PRINTED NAME OF BROWNING OFFICER OR DIRECTOR

SIGNATURE:

6-5-96 (305) 595-3030