

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 # **G97656** (4)

1. Corporation Name

**THOUGHTWARE, INC.**



Principal Place of Business

**200 S. BISCAYNE BLVD.  
SUITE 2750  
MIAMI FL 33131-2321  
US**

Mailing Address

**200 S. BISCAYNE BLVD.  
SUITE 2750  
MIAMI FL 33131-2321  
US**

3. Date Incorporated or Qualified

**04/02/1984**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **200 S. Biscayne Blvd**

26 **200 S. Biscayne Blvd**

4. FEI Number

**59-2323839**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 900**

Suite, Apt. #, etc.

27 **Suite 900**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

23 **Miami, Florida**

City & State

28 **Miami, Florida**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

24 **33131-2321**

Country

**US**

Zip

29 **33131-2321**

Country

**US**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TRAUTMAN, EILEEN  
9400 S. DADELAND BLVD.  
SUITE 600  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

**William A. Brandt, Jr.**

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

**200 S. Biscayne Blvd**

83

**Suite 900**

84 City

**MIAMI, Florida**

**FL**

85 Zip Code

**33131-2321**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BRANDT, WILLIAM A.**  
STREET ADDRESS **200 S. BISCAYNE BLVD, SUITE 2750**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **William A. Brandt, Jr.**  
1.3 STREET ADDRESS **200 S. Biscayne Blvd, Suite 900**  
1.4 CITY-ST-ZIP **Miami, Florida 33131-2321**

TITLE **VSD** ☐ DELETE

NAME **CARUSO, FRED C.**  
STREET ADDRESS **200 S. BISCAYNE BLVD, SUITE 2750**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE

NAME **LUZINSKI, JOSEPH J.**  
STREET ADDRESS **200 S. BISCAYNE BLVD, SUITE 2750**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **WHEELER, JOHN C.**  
STREET ADDRESS **200 S. BISCAYNE BLVD, SUITE 2750**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **CAVANAUGH, PATRICK D.**  
STREET ADDRESS **200 S. BISCAYNE BLVD, SUITE 2750**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)