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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H09512

(5)

1. Corporation Name

JENOPTIK INFAB SOFTWARE, INC.

Principal Place of Business

280 W CANTON AVE #230
WINTER PARK FL 32789

Mailing Address

280 W CANTON AVE #230
WINTER PARK FL 32789-3166

3. Date Incorporated or Qualified

06/25/1984

3a. Date of Last Report

12/31/1996

4. FEI Number

59-2777715

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS, MICHAEL
280 WEST CANTON AVENUE
SUITE 230
WINTER PARK FL 32789

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 607.0502 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
SVD	SIMMONS, MICHAEL	3226 CANDLERIDGE DR.	ORLANDO FL 32822	<input type="checkbox"/>
V	FOY, ROBERT	324 HENKEL CIRCLE	WINTER PARK FL 32789	<input type="checkbox"/>
PCD	MACEK, JAMES	4604 WILD BRIAR PASS	AUSTIN TX 78746	<input type="checkbox"/>
D	HOLLIDAY, JAMES E	7 DRIFTING WIND RUN	AUSTIN TX 78746	<input type="checkbox"/>
V	JASKULSKI, DENNIS C	RT 4 BOX 4932	GLEN ROCK PA 17327	<input type="checkbox"/>
D	KUCH-HEINZ, KARL	WILHELM-HAUFF-WEG 20	07751 WOGAU GERMANY	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

KUCH, KARL - HEINZ

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Foy

Date

4/28/97

Daytime Phone # 0000000

CR2E034 (9/96)