

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # H47531 (9)

1. Corporation Name
THE SOFTWARE GUILD, INC.

APPROVED AND FILED

20 MAY 11 AM 10:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: % DOUGLAS M. MCFAUL 13533 SW 63RD LANE MIAMI FL 33183	Mailing Address: % DOUGLAS M. MCFAUL 13533 SW 63RD LANE MIAMI FL 33183
--	--

2. Principal Place of Business: 21. State Apt. # etc. 22. City & State 23. City & State 24. City & State	2a. Mailing Address: 26. State Apt. # etc. 27. City & State 28. City & State 29. City & State
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2690528	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
6. This corporation has liability for intangible tax under § 199.03, Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**MCFAUL, DOUGLAS M.
13533 SW 63RD LANE
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.060, 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 607.060, Florida Statutes.

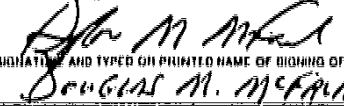
SIGNATURE _____

Signature of Registered Agent (Print Name)

Signature of Agent (Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '94	
1. NAME PD MCFAUL, DOUGLAS M. 13533 SW 63RD LANE MIAMI FL	1. NAME 1.1 NAME 1.2 STREET ADDRESS 1.3 CITY, ST. ZIP	☐ Change ☐ Addition	
2. NAME SD MCFAUL, BARBARA J. 13533 SW 63RD LANE MIAMI FL	2. NAME 2.1 NAME 2.2 STREET ADDRESS 2.3 CITY, ST. ZIP	☐ Change ☐ Addition	
3. NAME	3.1 NAME 3.2 STREET ADDRESS 3.3 CITY, ST. ZIP	☐ Change ☐ Addition	
4. NAME	4.1 NAME 4.2 STREET ADDRESS 4.3 CITY, ST. ZIP	☐ Change ☐ Addition	
5. NAME	5.1 NAME 5.2 STREET ADDRESS 5.3 CITY, ST. ZIP	☐ Change ☐ Addition	
6. NAME	6.1 NAME 6.2 STREET ADDRESS 6.3 CITY, ST. ZIP	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information was set out on the 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 of this report, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS M. MCFAUL

5-7-95 302-256-3114