

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 # **J77460 (0)**

1. Corporation Name
TJ SOFTWARE, INC.



Principal Place of Business Mailing Address
% JOSEPH LOPESILVERO
9196 STILLBRIDGE LANE
PENSACOLA FL 32514

3. Date Incorporated or Qualified **06/09/1987** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-2815199** 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

2. Principal Place of Business 2a. Mailing Address
21 **8084 N. DAVIS HWY E-3** 26 **P.O. Box 15150**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **276** 27
City & State City & State
23 **PENSACOLA FL** 28 **PENSACOLA FL**
Zip Country Zip Country
24 **32514** 25 **USA** 29 **32514** 30 **USA**

9. Name and Address of Current Registered Agent
LOPESILVERO, JOSEPH
9196 STILLBRIDGE LANE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
81 Name **TRUDY LOPESILVERO**
82 Street Address (P.O. Box Number is Not Acceptable) **1580 - 71 STREET**
83
84 City **MIAMI BEACH** FL 85 Zip Code **33141**

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 *Trudy Lopezilvero* **TRUDY LOPESILVERO** **04/02/96**
Signature, typed or printed name of registered agent and title, if applicable. (DATE) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LOPESILVERO, JOSEPH | |
| STREET ADDRESS | 9196 STILLBRIDGE LANE | |
| CITY - ST - ZIP | PENSACOLA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LOPESILVERO, TRUDY | |
| STREET ADDRESS | 9196 STILLBRIDGE LANE | |
| CITY - ST - ZIP | PENSACOLA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1580 - 71 STREET |
| 1.4 CITY - ST - ZIP | MIAMI BEACH, FL 33141 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1580 - 71 STREET |
| 2.4 CITY - ST - ZIP | MIAMI BEACH, FL 33141 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Trudy Lopezilvero* **TRUDY LOPESILVERO** **04/02/96** **904-475-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE #)

CR2E034 (12/95)