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 # **K23679** **(9)**

1. Corporation Name
THE SOFTWARE BOTTLING COMPANY, INC.

Principal Place of Business
9432 KEATING DR
PALM BCH GDNS FL 33410

Mailing Address
9492 KEATING DR
PALM BCH GDNS FL 33410

3. Date Incorporated or Qualified: **05/10/1988**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business
21 410 Tequesta Dr
22 State, Apt. #, etc.
23 City & State: Tequesta FL
24 Zip: 33469
25 County: Palm Bch

2a. Mailing Address
26 PO Box 4017
27 State, Apt. #, etc.
28 City & State: Tequesta FL
29 Zip: 33469
30 County: Palm Bch

4. FEI Number: **65-0070563** ☐ 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

9. Name and Address of Current Registered Agent

BLUM, ARNOLD L.
9492 KEATING DR
PALM BCH GDNS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 410 Tequesta Dr
83
84 City: Tequesta FL 85 Zip Code: 33469

11. Pursuant to the provisions of Sections 607.0907 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: Arnold L. Blum Arnold L. Blum 1/24/96
(Registered Agent Signature required when changing) DATE

12. OFFICERS AND DIRECTORS

PD
BLUM, ARNOLD L.
9492 KEATING DR
PALM BCH GDNS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: ☒ Change ☐ Addition
1 NAME
1 STREET ADDRESS: 410 Tequesta Dr
1 CITY-ST-ZIP: Tequesta FL 33469

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Arnold L. Blum Arnold L. Blum 1/24/96 407 743 8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number