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 # **K62786** **(4)**

1. Corporation Name
SOFT- ORGWARE INC.

Principal Place of Business
6358 GRANGER ROAD
PORT CHARLOTTE FL 33981

Mailing Address
C/O SIGRID M. HENSHAW
P.O. BOX 150639
CAPE CORAL FL 33915-0639

3. Date Incorporated or Qualified: 02/02/1989
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business 21
Suite, Apt. #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0096474 — 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**

HENSHAW, SIGRID M, PA
PRADO PLACE SUITE 106
2804 DEL PRADO BLVD SOUTH
CAPE CORAL FL 33904

10. **Name and Address of New Registered Agent**

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DTS	☐ DELETE
NAME	BEAUGRAND, RUTH E.	
STREET ADDRESS	6358 GRANGER RD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	P	☐ DELETE
NAME	LUTZ-DIETER BEAUGRAND	
STREET ADDRESS	6358 GRANGER RD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	VP	☐ DELETE
NAME	ROGER MARCUS	
STREET ADDRESS	814 CANADA ST.	
CITY-ST-ZIP	OJAI CA 93023	
TITLE	VP	☐ DELETE
NAME	WOLFGANG, BEAUGRAND	
STREET ADDRESS	6358 GRANGER RD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Lutz-Dieter Beaugrand	
1.3 STREET ADDRESS	6358 Granger Road	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33981	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Michael Beaugrand	
2.3 STREET ADDRESS	6358 Granger Road	
2.4 CITY-ST-ZIP	Port Charlotte, FL 33981	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

AEB
4-19-96

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 address.

SIGNATURE: [signature] President 03/25/96 S.M. Henshaw (941) 540-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L. Dieter Beaugrand

CR2E034 (12/95)