

Mar 10 1997 8:00am  
Secretary of State

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

1. Corporation Name  
**SOFT- ORGWARE INC.**

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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0096474		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
Country		Country					
24		29					
25		30					

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

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTs	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUGRAND, RUTH E.	1.2 NAME	
STREET ADDRESS	6358 GRANGER RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZ-DIETER BEAUGRAND	2.2 NAME	
STREET ADDRESS	6358 GRANGER RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER MARCUS	3.2 NAME	
STREET ADDRESS	814 CANADA ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OJAI CA 93023	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFGANG, BEAUGRAND	4.2 NAME	
STREET ADDRESS	6358 GRANGER RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUGRAND, MICHAEL	5.2 NAME	
STREET ADDRESS	6358 GRANGER ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

Davidson Pierce #

S.M. Henshaw  
(941) 540-2221

CR2E034 (9/96)