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 # **K73710** **(1)**

1. Corporation Name
NEOSOFT, INC.

Principal Place of Business
14550 BRUCE B. DOWNS BLVD.
#29
TAMPA FL 33613
US

Mailing Address
14550 BRUCE B. DOWNS BLVD.
#29
TAMPA FL 33613
US

3. Date Incorporated or Qualified: 03/16/1989
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2946794 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business
21: 751 CORAL REEF DR
Suite, Apt. #, etc.
22:
City & State
23: TAMPA FL
24 Zip: 33602
25 Country: USA

2a. Mailing Address
26: 751 CORAL REEF DR
Suite, Apt. #, etc.
27:
City & State
28: TAMPA FL
29 Zip: 33602
30 Country: USA

9. Name and Address of Current Registered Agent

BENNETT, TODD
#2950 BRUCE B DOWNS BLVD
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: BENNETT, TODD
82 Street Address (P.O. Box Number is Not Acceptable): 751 CORAL REEF DR
83
84 City: TAMPA FL
85 Zip Code: 33602

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PC	[ ] DELETE
NAME	BENNETT, TODD C.	
STREET ADDRESS	14550 BRUCE B DOWNS #29	
CITY-ST-ZIP	TAMPA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	751 CORAL REEF DR	
1.4 CITY-ST-ZIP	TAMPA FL 33602	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnish[illegible] 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 [illegible] 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 [illegible] ered 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 addres[illegible]

SIGNATURE: ______ 4/17/96 813-531-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER [illegible]ECTOR — Date — Daytime Phone #

CR2E034 (12/95)