FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75740

(6)

CIPHERSOFT CORPORATION

							-			
Principal Place of Business Mailing Address							-			II DITA MAN
RAYMOND WINFIELD 8292 SUMMERBREEZE LANE BOCA RATON FL 33496			RAYMOND WINFIELD 8282 SUMMERBREEZE LANE BOCA RATON FL 33496-5120							
DOOR MATOR	16 00750	SOON PROTOTO LE SOUVE	,,,,,				3. Date Incorporated or Quali 03/27/1989		Date of Last f 04/25/1996	Report
	ace of Business	28. Mailing Address					4. FEI Number		 	pplied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.					65-0118762		 	ot Applicable Additional
22		27					5. Certificate of Status Desire	d []		domonal
City & State	2	City & State	City & State				6. Election Campaign Financing \$5.00 May Be			
23	Constant	28	1 0				Trust Fund Contribution			to Fees
Zip 24	Country 25	Z ₁ p	30 Count				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You			
24]	9. Name and Address of Curre		[30]	•			10. Name and Address of Ne			
WIN	FIELD, RAYMOND			81	Nan	ne				· · · · · · · · · · · · · · · · · · ·
	2 SUMMER BREEZE LANE		}	82	Stre	et Addre	ess (P.O. Box Number is Not Acc	entable)		
829	2 SUMMERBREEZE LANE		Suber y			or Addie	SS (1.0; DOX NOMBOLIS NOT NOC	эрлашел		
BO0	CA RATON FL 33496			83						•
			}	84	City			F	L 85 Zip	Code
11. Pursuant to office or reagent. Las	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obliq	02 and 607.1508, Florida Statut e of Florida. Such change was gations of, Section 607.0505, Fl	tes, the ab authorized orida Stati	ove by utes	nam the c	ed corpo corporation	pration submits this statement for on's board of directors. I hereby	the purposi	e of changing	its registered s registered
SIGNATURE	·		-						<u> </u>	
12.	Signatine Typed or printed name of registered as OFFICERS AN	gent and the frappicable (NO) ND DIRECTORS	13.	Ager	nt signa	ture require	d when reinstating) ADDITIONS/CHANGES TO (DATI DEFICERS A		RS IN 12
THLE	PTD	DELETE	1,1 TIT	LE		T	· · · · · · · · · · · · · · · · · · ·	n i iociio i	Change	Addition
NAM:	WINFIELD, RAYMOND		1.2 NA	ME					_ •	
STREET ADDRESS	8292 SUMMERBREEZE LANE	•	1.3 ST	REET A	ADDRES	ss				
COTY - ST - ZiF	BOCA RATON FL		1.4 CH	Y-SI	(- ZIP					
TITLE	VSD	☐ DELETE	21 TIT	LE					☐ Change	Addition
NAME	WINFIELD, SONIA		2.2 NA	ME						
STREET ADDRESS	8292 SUMMERBREEZE LANE	,			ADDRES	SS				
CITY - ST - ZIP	BOCA RATON FL	DELETE	2. 4 City-St- 3.1 Title						Channe	Addition
TITLE NAME	יים של מיים של			3.2 NAME					Change	L. Audilion
STREET ADDRESS					ADDRES	, l				
CITY-ST-ZIP			3.4. City-St			20				
TITLE		4,1 Trī	****	1-24				Change	Addition	
NAME			4. 2 N/	ME					***************************************	-
STREET ADDRESS			4.3 STI	REET A	ADDRES	ss				
CITY-S1-ZIP			4.4 CIT	Y-ST	(- 2)P					
TITLE		☐ DELETE	5.1 TIT	LE					Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET A	ADDRES	is				
CITY - ST - ZIP		☐ DELETE	5.4 CIT		-2IP			····		an Ethonos
Tille		☐ Officia	6.1 7(7						☐ Change	L Addition
NAME STREET ADDRESS			6.2 NA		4DODE:	,				
STREET ADDRESS CHTY-ST-ZIP			6.4 CIT		ADORES	»	•			
14. 1 do heret	y certify that the information supplie	ed with this filing does not quali	ify for the	exer	mptio	n stated	in Section 119.07(3)(i), Florida St	atutes. I fur	ther certify that	the .
information I am an of appears in	n Indicated on this annual report or ficer or director of the corporation on Block 12 or Block 13 if changed, o	supplemental annual report is to the receiver or trustee empower or on an attachment with an additional and additional a	true and a vered to e dress.	XBCL	rate a ute th RA	ind that r is report	my signature shall have the same as required by Chapter 607, Flor	legal effectida Statutes	t as if made un	nder oath; that name 35/2