

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L61740** (1)
1. Corporation Name
APPROPRIATE SOFTWARE, INC.



Principal Place of Business: P O BOX 169 #916 FT. LAUDERDALE FL 33302-0169 US
Mailing Address: P O BOX 169 #916 FT. LAUDERDALE FL 33302-0169 US

2. Principal Place of Business: 21 P.O. BOX 030427 Suite, Apt #, etc 22 FT. LAUDERDALE, FL 23 Zip 33303-0427 Country USA BROWARD
2a. Mailing Address: 26 P.O. BOX 030427 Suite, Apt #, etc 27 FT. LAUDERDALE, FL 28 Zip 33303-0427 Country USA BROWARD

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 03/10/1995
4. FEI Number: 65-0184758 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

9. Name and Address of Current Registered Agent: MOONEY, WILLIAM W. 429 NE 12 AVE FT. LAUDERDALE FL 33301
10. Name and Address of New Registered Agent: B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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: *William W. Mooney* WILLIAM W. MOONEY 17-FEB-1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PVS	NAME: MOONEY, WILLIAM W.	1.1 TITLE:	
STREET ADDRESS: 429 NE 12 AVE		1.2 NAME:	
CITY-ST-ZIP: FT. LAUDERDALE FL		1.3 STREET ADDRESS:	
TITLE: TD	NAME: MOONEY, WILLIAM W.	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 429 NE 12 AVE		2.1 TITLE:	
CITY-ST-ZIP: FT. LAUDERDALE FL		2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:		2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		3.1 TITLE:	
TITLE:	NAME:	3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	
STREET ADDRESS:		5.1 TITLE:	
CITY-ST-ZIP:		5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:		5.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		6.1 TITLE:	
TITLE:	NAME:	E.2 NAME:	
STREET ADDRESS:		E.3 STREET ADDRESS:	
CITY-ST-ZIP:		E.4 CITY-ST-ZIP:	

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 an address.

SIGNATURE: *William W. Mooney*, PRES 17-FEB-1996 (954)764-3349
WILLIAM W. MOONEY

CR2E034 (12/95)