

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M76501 (9)

1. Corporation Name

CUSTOMHOUSE SOFTWARE CORPORATION



Principal Place of Business

Mailing Address

% TOM A. KITCHEN  
6134 NW 45 TERRACE  
COCONUT CREEK FL 33073

% TOM A. KITCHEN  
6134 NW 45 TERRACE  
COCONUT CREEK FL 33073

3. Date Incorporated or Qualified

04/14/1988

3a. Date of Last Report

05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KITCHEN, TOM A.  
6134 NW 45 TERR  
COCONUT CREEK FL 33073-1955

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-instating.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME KITCHEN, TOM A.  
STREET ADDRESS 6134 NW 45 TERRACE  
CITY - ST - ZIP COCONUT CREEK FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE  
Change Addition

12 NAME  
Change Addition

13 STREET ADDRESS  
Change Addition

14 CITY - ST - ZIP  
Change Addition

21 TITLE  
Change Addition

22 NAME  
Change Addition

23 STREET ADDRESS  
Change Addition

24 CITY - ST - ZIP  
Change Addition

31 TITLE  
Change Addition

32 NAME  
Change Addition

33 STREET ADDRESS  
Change Addition

34 CITY - ST - ZIP  
Change Addition

41 TITLE  
Change Addition

42 NAME  
Change Addition

43 STREET ADDRESS  
Change Addition

44 CITY - ST - ZIP  
Change Addition

51 TITLE  
Change Addition

52 NAME  
Change Addition

53 STREET ADDRESS  
Change Addition

54 CITY - ST - ZIP  
Change Addition

61 TITLE  
Change Addition

62 NAME  
Change Addition

63 STREET ADDRESS  
Change Addition

64 CITY - ST - ZIP  
Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)