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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M82166

(3)

THE SOFTWARE PROFESSOR OF AMERICA, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

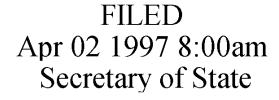
26

18951 N.E. 20TH AVENUE N MIAMI BCH FL 33179-4321

2. Principal Place of Business

21

18951 N.E. 20TH AVENUE N MIAMI BCH FL 33179-4321





3a. Date of Last Report

Applied For

Not Applicable

04/15/1996

3. Date Incorporated or Qualified

NOT APPLICABLE

05/19/1988

4. FEI Number

22	. W, OIC.			27	Bano, rept. #, etc.				5. Certificate of Status Desired Fee Required
City & State				City & State					6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Add to Fees
Zip	21	Country Z(p C			30	Country		8. This corporation has liability for intangible tax ender s. 199.032, Florida Statutes	
	9, Name a	nd Address	of Current R	egis	stered Agent		[10. Name and Address of New Registered Agent
KAL	UFMAN, ALLE	N J.					81	Name	
18951 NE 20TH AVE.							82	Street Ad	Idress (P.O. Box Number is Not Acceptable)
NN	MIAMI BCH FL	. 33179							or control in the restriction of
							83		
							84	City	85 Zip Code
									FL []
office or r	registered agor	nt, or both, in	the State of	Llori	607,1508, Florida Stat ida: Such change wa rl, Section 607.0505,	s authorize	d by	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or	nuistad name of a	contract and a second	et rie	of analysis at to	OIL D. Sie	d Asi-	of ringsture too	quired when reinstating) DATE
12.	organizate, typed or		CERS AND D			13.	- whe	a aignature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD				DELFTE	1.1 1	11.6	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	KAUFMAN, ALLEN J.				1.2 N		AME	Ì	
STREET ADDRESS	18951 NE 20TH AVE.					1.3 \$1		ADDRESS	
CITY-ST-ZIP	N MIAMI B	CH FL				1.4 CI	TY-\$1	1 - ZIP	
TITLE					DETETE	2.1 1	11€		Change Addition
NAME	l					2.2 N	AM E	j	
STREET ADDRESS	1					2.3 \$1	IREE1 .	ADDRESS	
CITY-ST-ZIP							<u> 11Y-S</u>	51-21P	
TITLE	1				□ DETE LE	3111		1	[_] Change
NAME	!					3.2 N/			
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP TITLE	 	———————			DELETE	3.4 C 4.1 TI	11Y-S	11- 21 P	Change Addition
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NAME STREET ADDRESS	1					1		ADDRESS	
CITY-ST-ZIP	1					1	1Y - S1	l l	
TITLE					DELETE	5.17(Change Addition
NAME	<u> </u>					5.2 N	AME	{	-
STREET ADDRESS	1					5.3 \$1	REET A	ADDRESS	
CITY-ST-ZIP	1					540	1Y-\$1	1 - ZIP	
TITLE					DELFTE	6.1 11	TEF		Change Addition
NAME	}					62 N/	\ME	}	
STREET ADDRESS	1					6,3 \$1	R[8] /	ADDRESS	
CITY-ST-ZIP						64 CI			
informatio	on indicated on officer or directo	t Isunas eidt avecent	opert or supporting	oree Teen	iental annusil report is	s true and a	accui	rate and the	od in Section 119.07(3)(i). Florida Statutes. I further certify that the latiny signature shall have the same legal effect as if made under oath; that out as required by Chapter 607, Florida Statutes; and that my name