

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 9:08

DOCUMENT # **M95268** (2)

1. Corporation Name
SIDELINE SOFTWARE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **840 NW 57 CT FT. LAUDERDALE FL 33309**
Mailing Address: **881 W COMMERCIAL BLVD FT. LAUDERDALE FL 33309 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/22/1988	3a. Date of Last Report 04/15/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
5. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 5750 N. Powerline 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country Flon.
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9. Name and Address of Current Registered Agent CRAMER, A B 881 W COMMERCIAL BLVD FT. LAUDERDALE FL 33309	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5750 No. Powerline Rd. 83 84 City FL 85 Zip Code
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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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT CRAMER, MARK N. 881 W COMMERCIAL BLVD FT. LAUDERDALE FL	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	5750 No. Powerline Rd
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	PSD CRAMER, ALLEN BRETT 881 W COMMERCIAL BLVD FT. LAUDERDALE FL	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	5750 No. Powerline Rd
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, or on an attachment with an address.

SIGNATURE: *Mark CRAMER* 4/10/95 771-9035
SIGNATURE AND TYPE IN PRINTS NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)