

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. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P41005 (0)

1. Corporation Name

EXPERT SOFTWARE, INC.



Principal Place of Business

Mailing Address

800 DOUGLAS RD
EXECUTIVE TOWER
CORAL GABLES FL 33134
US

800 DOUGLAS RD
EXECUTIVE TOWER
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0359860

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 ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 type the printed name of registered agent and the applicable title.

(NOTE: Registered Agent signature required when first filing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CURRIER, SUSAN
STREET ADDRESS 800 DOUGLAS RD, STE 750
CITY- ST- ZIP CORAL GABLES FL

☐ DELETE

TITLE SD
NAME CURRIER, KENNETH
STREET ADDRESS 800 DOUGLAS RD, STE 750
CITY- ST- ZIP CORAL GABLES FL

☐ DELETE

TITLE D
NAME CARLSTON, DOUGLAS
STREET ADDRESS 500 REDWOOD BLVD
CITY- ST- ZIP NOVATO CA

☐ DELETE

TITLE D
NAME JOHNSTON, A. BRUCE
STREET ADDRESS 45 MILK STREET
CITY- ST- ZIP BOSTON MA

☐ DELETE

TITLE D
NAME CLEARMAN, STEPHEN J.
STREET ADDRESS 2115 LINWOOD AVENUE
CITY- ST- ZIP FORT LEE NJ

☐ DELETE

TITLE D
NAME NOELL, CHARLES
STREET ADDRESS 119 SAINT PAUL STREET
CITY- ST- ZIP BALTIMORE MD

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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
SUSAN A. CURRIER

01/04/96

(305) 569-9990

CR2E034 (3/96)