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**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000018341
1. Corporation Name
NEXSOFT, INC.

Principal Place of Business Mailing Address
218 SOUTH U.S. 1 SUITE 303 TEQUESTA, FL 33469

2. Principal Place of Business 2a. Mailing Address
21 5808 S. RAPP ST. 26 5808 S. RAPP ST.
22 SUITE 230 27 SUITE 230
23 LITTLETON, CO 28 LITTLETON, CO
24 80120 25 USA 29 80120 30 USA

3. Date Incorporated or Qualified **03/08/1993** 3a. Date of Last Report **02/19/1996**
4. FEI Number **59-3168948** 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
**DAVID L. PEDERSON
9246 S.E. DEERBURY PL
TEQUESTA, FL 33469**

10. Name and Address of New Registered Agent
81 Name **SIMONE HARRISON**
82 Street Address (P.O. Box Number is Not Acceptable) **665 BAYSIDE DRIVE**
84 City **TARPON SPRINGS, FL** 85 Zip Code **34689**

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: *Simone Harrison* **Simone Harrison** DATE: **3-24-97**

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	DAVID L. PEDERSON	
STREET ADDRESS	9246 S.E. DEERBURY PL	
CITY - ST - ZIP	TEQUESTA, FL 33469	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	WILLIAM A. MOORE	
STREET ADDRESS	80 CRESTWOOD DR	
CITY - ST - ZIP	NORTHBOROUGH, MA 01532	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	GEOFFREY M. HARRISON	
STREET ADDRESS	181 NORTH STREET	
CITY - ST - ZIP	SHREWSBURY, MA 01545	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVID L. PEDERSON	
13 STREET ADDRESS	3278 W. OAK LEAF PL	
14 CITY - ST - ZIP	HIGHLANDS RANCH, CO 80126	
21 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WILLIAM A. MOORE	
23 STREET ADDRESS	2440 GARLAND LANE NORTH	
24 CITY - ST - ZIP	PLYMOUTH, MN 55447	
31 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GEOFFREY M. HARRISON	
33 STREET ADDRESS	3115 HOLLY LANE NORTH	
34 CITY - ST - ZIP	PLYMOUTH, MN 55447	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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 and 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 is typed or on an attachment with an address.

SIGNATURE: *David L. Pederson* **David L. Pederson** DATE: **3/20/1997** DAYTIME PHONE #: **(303) 794-0071**

CR2E034 (9/96)