

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020560 (7)

1. Corporation Name

DREXLER SOFTWARE PRODUCTS, INC.



Principal Place of Business

611 CORAL GLEN LOOP
APT. 102
ALTAMONTE SPRINGS FL 32714

Mailing Address

611 CORAL GLEN LOOP
APT 102
ALTAMONTE SPGS FL 32714
US

2. Principal Place of Business

2a. Mailing Address

21 611 CORAL GLEN LOOP

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 102

27

City & State

City & State

23 ALTAMONTE SPRINGS, FL

28

Zip

Country

Zip

Country

24 32714

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g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3176816

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 ☒

10. Name and Address of New Registered Agent

DREXLER, JAMES
611 CORAL GLEN LOOP
APT. 102
ALTAMONTE SPRINGS FL 32714

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 of officer or director of registered agent, if applicable

(Note: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DREXLER, JAMES
611 CORAL GLEN LOOP
ALTAMONTE SPRINGS FL 32714

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

Change Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP

Change Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP

Change Addition

13. TITLE
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15. STREET ADDRESS
16. CITY- ST- ZIP

Change Addition

17. TITLE
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89. TITLE
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92. CITY- ST- ZIP

Change Addition

93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY- ST- ZIP

Change Addition

97. TITLE
98. NAME
99. STREET ADDRESS
100. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *James Drexler* JAMES DREXLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407) 293-2410

CR2E034 (12/95)