FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:59

DOCUMENT # P93000022615 (7)

1. Corporation Name
SOFDEC, INC.

Principal Place of Business	Mailing Address
7485 CONROY WINDERMERE RD STE C2 ORLANDO FL 32835 US	7485 CONROY WINDERMERE RD STE C2 ORLANDO FL 32835 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	7491 CONROY WINDERMERE RD	26	7491 CONROY WINDERMERE RD
Suite, Apt. #, etc. 22	Ste K	Suite, Apt. #, etc. 27	Ste K
City & State 23	ORLANDO, FL	City & State 28	ORLANDO, FL
Zip 24	32835	Zip 29	32835
Country 25	USA	Country 30	USA

3. Date Incorporated or Qualified: 03/25/1993

3a. Date of Last Report: 02/21/1994

4. FEI Number: 59-3186680 ☐ 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

LANE, PAUL C
5401 SO KIRKMAN RD
STE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHORER, WOLFGANG	1.2 NAME	
STREET ADDRESS	7485 CONROY WINDERMERE RD, STE C2	☒ 1.3 STREET ADDRESS	7491 CONROY WINDERMERE RD. STE K
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	
TITLE	VS	2.1 TITLE	☒ Change ☐ Addition
NAME	SCHORER, RUTH S	2.2 NAME	
STREET ADDRESS	7485 CONROY WINDERMERE RD, STE C2	☒ 2.3 STREET ADDRESS	7491 CONROY WINDERMERE RD. STE K
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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)(i), 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: W. Schorer W. SCHORER, PRES. JAN-11-95 (407)290-1516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002606 CP