

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022615 (7)

1. Corporation Name

SOFDEC, INC.



Principal Place of Business

Mailing Address

7491 CONROY WINDERMERE RD.
SUITE K
ORLANDO FL 32835
US

7491 CONROY WINDERMERE RD.
SUITE K
ORLANDO FL 32835
US

3. Date Incorporated or Qualified
03/25/1993

3a. Date of Last Report
01/18/1995

2. Principal Place of Business
21 6130 EDGEWATER DR.

2a. Mailing Address
26 6130 EDGEWATER DR.

4. FEI Number
59-3186680

Applied For
Not Applicable

Suite, Apt. #, etc.
22 UNIT F

Suite, Apt. #, etc.
27 UNIT F

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 ORLANDO, FL

City & State
28 ORLANDO, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 32810 25 USA

Zip Country
29 32810 30 USA

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

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

81 Name SCHORER, WOLFGANG

82 Street Address (P.O. Box Number is Not Acceptable)
6130 EDGEWATER DR. UNIT F

83

84 City ORLANDO

FL

85 Zip Code 32810

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

W. Schorer, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-31-1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME DP
STREET ADDRESS SCHORER, WOLFGANG
CITY-ST-ZIP 7491 CONROY WINDERMERE RD., STE. K
ORLANDO FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6130 EDGEWATER DR. UNIT F
1.4 CITY-ST-ZIP ORLANDO, FL 32810

TITLE
NAME VS
STREET ADDRESS SCHORER, RUTH S
CITY-ST-ZIP 7491 CONROY WINDERMERE RD., STE. K
ORLANDO FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6130 EDGEWATER DR. UNIT F
2.4 CITY-ST-ZIP ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-31-1996 407-290-5516

CR2E034 (12/95)