## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000041167

1. Entity Name

NATIONAL SOFTWARE ESCROW CORPORATION



**FILED** Jan 08, 2004 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

1500 SAN REMO AVE

1500 SAN REMO AVE

DO NOT WRITE IN THIS SPACE

CORAL GABLES, FL 33146

CORAL GABLES, FL 33146



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0453555

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAXBERG, GRAYSON & SINGER, P.A. 25 SE 2ND AVENUE SUITE 730 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the pons of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce
SIGNATURE_	Signature, typed or printed name of registered agent and little	f applicable (NOTE: Registered A	vgent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu			ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLAGHER, DOUGLAS 1500 SAN REMO #251 CORAL GABLES, FL		U00000000338 01/08/04-80005-013 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLAGHER, SUSAN L 1500 SAN REMO AVE #251 MIAMI, FL 33146				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	- <u>-</u> -
TITLE NAME STREET ADDRESS					

12. I 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE: