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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000043841 (4)**

1. Corporation Name
NORTHERN LIGHTS SOFTWARE, INC.

Principal Place of Business	Mailing Address
1700 WELLS RD. #22 ORANGE PARK FL 32073	1700 WELLS RD. #22 ORANGE PARK FL 32073-2374

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 2901 W. BUSCH BLVD	26 2901 W. BUSCH BLVD.
Suite, Apt. #, etc. 22 SUITE 1008	Suite, Apt. #, etc. 27 SUITE 1008
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33618 Country 25 USA	Zip 29 33618 Country 30 USA

4. FEI Number: 59-3189098 ☐ 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

EMSLEY, BERNIE
1700 WELLS RD.
#22
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: BERNIE EMSLEY
82 Street Address (P.O. Box Number is Not Acceptable): 2901 W. BUSCH BLVD
83 SUITE 1008
84 City: TAMPA FL 85 Zip Code: 33618

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 4/2/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	EMSLEY, BERNIE	1.2 NAME	BERNIE EMSLEY
STREET ADDRESS	8429 FIRT FLY LANE	1.3 STREET ADDRESS	11618 BRANCH MOORING DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	TAMPA, FL 33635
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: _____ BERNIE EMSLEY 4/2/97 813-935-9245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015069