## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P93000043841 (4)

CORPORATE SOFTWORX, INC.

## **FILED** Aug 05 1998 8:00am Secretary of State

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| Principal Place      | e of Busines    | Mailing Address                     |                      |                       |                  |         | T CREATERS AND EDITOR ATTER BOTH BOTH BOTH BOTH REGION (ALON GATH) OLDER HAD A |   |           |
|----------------------|-----------------|-------------------------------------|----------------------|-----------------------|------------------|---------|--|---|-----------|
| 2901 W BUSCH         | 1 BLVD          |                                     | 2901 W I             | BUSCH BLVD            |                  |         |  |   |           |
| STE 1008             |                 |                                     | STE 1008             |                       |                  |         |  | DO HOT WOLTON WITCHS 604.05   |           |
| TAMPA FL 336         | 18              |                                     | TAMPA F<br>US        | L 33618               |                  |         |  | DO NOT WRITE IN THIS SPACE  | _         |
| US                   |                 |                                     |                      |                       | _                |         |  | 3. Date Incorporated or Qualified  06/16/1993                                   | _         |
| 2. Principal P       | lace of Busin   | ness                                | 2a. Maili            | ng Address            |                  |         |  | 4. FEI Number Applied For   |           |
| 21                   |                 |                                     | 26                   | ···                   |                  |         |  | 59-3189098 Not Applicable   | а         |
| Suite, Apt.          | #, etc.         |                                     | Suite                | e, Apt. #, etc.       |                  |         |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required                 |           |
| City & Stat          | .е              |                                     | City                 | & State               |                  |         |  | 6. Election Campaign Financing \$5.00 May Be                                    | 7         |
| 23                   |                 |                                     | 28                   |                       |                  |         |  | Trust Fund Contribution Added to Fees   |           |
| Zip                  |                 | Country                             | Zip                  |                       | Cou              | intry   |  | 8. This corporation owes or has paid the current year Intengible                | ٦         |
| 24                   |                 | 25                                  | 29                   |                       | 30               |         |  | Personal Property Tax due June 30. Yes No                                       |           |
|                      | 9. Name         | and Address of Current              | Registered           | Agent                 |                  | <u></u> |  | 10. Name and Address of New Registered Agent                                    |           |
| EMS                  | LEY, BERN       | IIE                                 |                      |                       |                  | 81      | Name   | e   |           |
|                      | I W BUSCI       |                                     |                      |                       |                  | 82      | Street   | et Address (P.O. Box Number is Not Acceptable)                                  | -         |
|                      | 1008            |                                     |                      |                       |                  | "       | 011000   | A Address (1.0. Box Halliber is Not Acceptable)                                 |           |
|                      | PA FL 336       | 18                                  |                      |                       |                  | 83      |  |   |           |
|                      |                 |                                     |                      |                       |                  | 84      | City   | FL 85 Zip Code  |           |
| 11. Pursuant         | t to the provi  | sions of sections 607.0502          | and 607.150          | 8. Florida Statute    | es, the ab       | OVB-    | named c  | cornoration submits this statement for the purpose of changing its registered   | $\dashv$  |
| office or            | registered a    | gent, or both, in the State o       | f Florida. Su        | ich change was        | authorize        | d by    | the corp   | rporation's board of directors. I hereby accept the appointment as registered   |           |
|                      | am tamıllar v   | vith, and accept the obligat        | ions of, sect        | ion 607.0505, Fi      | orida Sta        | tutes   | i.   |   |           |
| SIGNATURE            | Signature typed | or printed name of registered agent | and title if anolica | lile (N               | OTF: Registe     | ered A  | ent signatu  | ature required when reinstating) DATE   |           |
| 12.                  |                 | OFFICERS AND                        |                      |                       | 13.              |         |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                               | ع ا       |
| TITLE                | P               |                                     |                      | DELETE                | 1,1 11           | TLE     |  | Change Addition   | ٦,        |
| NAME                 | EMSLEY,         | BERNIE                              |                      |                       | 1,2 N            | 4ME     |  |   | ?         |
| STREET ADDRESS       |                 | ANCH MOORING DR                     |                      |                       | 1.3 ST           | REET    | ADDRESS  | S   | [         |
| CITY-ST-ZIP          | TAMPA F         |                                     |                      |                       | 1.4 CI           | TY-ST-  | -ZIP   |   | غ ا       |
| TITLE                | <u> </u>        |                                     |                      | DELETE                | 2.1 TI           |         |  | Change Addition   | ,         |
| NAME                 |                 |                                     |                      |                       | 2.2 N            | AME     |  | 4.4   |           |
| STREET ADDRESS       |                 |                                     |                      |                       | 2.3 ST           | REET.   | ADDRESS  | 3   |           |
| CITY-ST-ZIP          | ,               |                                     |                      |                       | 2.4 CI           | TY-ST-  | -ZIP   |   |           |
| TITLE                |                 |                                     |                      | DELETE                | 3.1 TI           |         |  | Change Addition   |           |
| NAME                 |                 |                                     |                      |                       | 3 2 N/           |         |  | J. Shango C. Adoldon  | 1         |
| STREET ADDRESS       |                 |                                     |                      |                       |                  |         | ADDRESS  | 3   |           |
| CITY-ST-ZIP          |                 |                                     |                      |                       |                  | TY-ST-  |  |   |           |
| TITLE                |                 |                                     |                      | DELETE                | 4.1 TI           |         |  | Change Addition   | $\dashv$  |
| NAME                 |                 |                                     |                      |                       | 4.2 N            |         |  | Containg Addition   |           |
| STREET ADDRESS       |                 |                                     |                      |                       |                  |         | ADDRESS  | 3   | 1         |
| CITY-ST-ZIP          | }               |                                     |                      |                       |                  | TY-ST-  |  |   |           |
| TITLE                |                 | ·-··                                |                      | DELETE                | 5.1 TC           |         |  | Change Addition   | $\forall$ |
| NAME                 |                 |                                     |                      | L PLLETE              | 5.2 NA           |         |  | Change Change Addition  | '         |
| STREET ADDRESS       |                 |                                     |                      |                       | 1                |         | ADDRESS  |   |           |
|                      |                 |                                     |                      |                       | 1                |         |  |   |           |
| CITY-ST-ZIP<br>TITLE |                 |                                     |                      | DEVETE                | 5.4 CI<br>6.1 TO |         | ረተ   |   | $\dashv$  |
|                      |                 |                                     |                      | DELETE                |                  |         |  | Change Addition   | <b>'</b>  |
| NAME                 |                 |                                     | 0                    |                       | 6.2 NA           |         | . BBBBBB   |   | 1         |
| STREET ADDRESS       |                 |                                     | Κ/ -                 |                       |                  |         | ADDRESS  |   |           |
| CITY-ST-ZIP          | orlify Heat the | information cumplied with           | iz filozo don        | e not attalible for t | 6.4 Cl           |         |  | in section 119.07/3/(i) Etarida Statutes I further section that the information | _         |

r nereby cerusy that the information supplied with the information indicated on this annual report or supplied without from the same legal effect as if made under oath; that I am an officer or director of the corporation or the deceiver or this tee impowered 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 interchment with accordance.

29/98

817-935-9245