

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000048403 (8)

1. Corporation Name

SOFT AMERI EURO, INC.

Principal Place of Business

6328 TIMUCUANS DRIVE
LAKELAND FL 33813

Mailing Address

6328 TIMUCUANS DRIVE
LAKELAND FL 33813



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ULICIANSKY, BONIFACE A
6328 TIMUCUANS DRIVE
LAKELAND FL 33813

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 607.01(2) and 607.15(3), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ULICIANSKY, BONIFACE A
STREET ADDRESS 6328 TIMUCUANS DRIVE
CITY, ST, ZIP LAKELAND FL 33813

TITLE D
NAME JOHNS, LANA K
STREET ADDRESS 224 W LAKE HOWARD DRIVE
CITY, ST, ZIP WINTER HAVEN FL 33880

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
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 included on this document is true and accurate and that my signature shall have the same legal effect as it made under oath. If I am an officer or director of the corporation or the registered agent or trustee of the corporation, I will file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

BONIFACE A. ULICIANSKY

4/15/96 941-647-9493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified 06/30/1993
3a. Date of Last Report 05/01/1995
4. FEI Number 59-3193795
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
10. Name and Address of New Registered Agent

D
PETER B. ULICIANSKY
6328 TIMUCUANS DRIVE
LAKELAND, FL 33813

CR2E034 (12/95)