## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

**FILED** 

May 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000069557 (5)

C A SOFTWARE, INC.

A				
Principal Place of Business - Both - Malling Address			T BRECENE DIS BERN GIVE DEIN ABIN ABIN ABIN	OBSER BEEFE FREEL OFFICE OFFICE OFFI
WIND CHINESE	GARDENS FL 63418- PALM BEACH GARDENS FL 6			
CALO 3	in a military - il a il	- 10.14	,	
gras with the grant suite 104			3. Date Incorporated or Qualified	3a. Date of Last Report
palm 15ch Gans, F/ 33410		09/30/1993	03/21/1996	
2. Principal P	lace of Business 2a, Mailing Address	111	4. FEI Number	Applied For
51 d 32	1). Military Trail 26 9123 N.Mi	litary Ira	65-0437523	Not Applicable
Suite Apt.	ite 104 27 Suite 10	<b>Σ</b> Ψ '	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 To N	n Bch Gans, F/28 Palm Bch	Cdns, f	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 7ip	Country	8. This corporation has liability for in	
24 <u>334</u>	9. Name and Address of Current Registered Agent	MOIN POUR	Florida Statutes  10. Name and Address of New Reg	Yes No
ΛI A		IU. Haille and Address of Rew Heg	raterou Marit	
CLAUNCH, SANDRA J  9240 CYPRESS HOLLOW DR  82 Street Address				
PALM BEACH GARDENS FL 33418			dress (P.O. Box Number is Not Acceptable)	
FALM DEAUTI GARDERS FL 33416				
		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, t	the above-named corp	oration submits this statement for the pu	<del>                                    </del>
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	Sandra J. Claunch Sa	= d)10	Claunch.	1-09-97
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	gistered Agent signature require	od when reinstating)	DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D DELETE	1.1 THILE		Change Addition
NAME	CLAUNCH, SANDRA J	1.2 NAME		i
STREET ADDRESS	9240 CYPRESS HOLLOW DR PALM BEACH GARDENS FL 33418	1.3 STREET ADDRESS		ļ.
CITY-ST-ZIP TITLE	DELETE	14 CHY-SI-ZIP 21 THLE		Change Addition
NAME	outen	2.2 NAME		EL Orange EL Addition
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 Tille		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. C/TY-ST-Z/P		
TITLE	☐ DELETE	4.1 OTLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 DRY-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		L Change L Addition
NAME	<b>_</b>	6.2 NAME		
STREET ADDRESS		63 \$TREET ADDRESS		
CITY-ST-ZIP	he could shot the falcounties are all of the fal	6.4 ÇITY-ST-ZIP	Li- C1 440 07(0)(2) Etc. 14 (2)	17 16
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.				