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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

| 1. Corporation  | n Name<br>OFTWARE            |                                     | 30000                                | )U <del>S</del> U           | 137 (3 <sub>)</sub>               |                               |   |                   |  |  |  |
|---|------------------------------|-------------------------------------|--------------------------------------|-----------------------------|-----------------------------------|-------------------------------|---|-------------------|--|--|--|
| Principal Place of Business Mailing Address                 |                              |                                     |                                      |                             |                                   |                               |   |                   |  |  |  |
| 9123 N MILITARY TRAIL                                       |                              |                                     |                                      | 9123 N MILITARY TRAIL       |                                   |                               |   |                   |  |  |  |
| STE #104  |                              |                                     |                                      | STE #104                    |                                   |                               |   |                   |  |  |  |
| PALM BEACH GARDENS FL 33410                                 |                              |                                     |                                      | PALM BEACH GARDENS FL 33410 |                                   |                               |   |                   | DO NOT WRITE IN THIS SPACE   |  |  |
| US  |                              |                                     |                                      | US                          |                                   |                               |   |                   | 3. Date Incorporated or Qualified 09/30/1993   |  |  |
| 2. Principal Place of Business                              |                              |                                     |                                      | 2a. Mailing Address         |                                   |                               |   |                   | 4. FEI Number  | Applied For                            |  |
| 21  |                              |                                     |                                      | 26                          |                                   |                               |   |                   | 65-0437523   | Not Applicable                         |  |
| Sulte, Apt. #, etc.   |                              |                                     |                                      | Suile, Apt. #, etc.         |                                   |                               |   |                   |  | \$8.75 Additional                      |  |
| 22  |                              |                                     |                                      | 27                          |                                   |                               |   | :                 | 5. Certificate of Status Desired   | Fee Required                           |  |
| City & State  | Э                            |                                     |                                      | City & State                |                                   |                               |   |                   | 6. Election Campaign Financing   | \$5.00 May Be                          |  |
| 23  |                              |                                     |                                      | 28                          |                                   |                               |   |                   | Trust Fund Contribution  | Added to Fees                          |  |
| Zip   |                              | Country                             |                                      | Zip                         |                                   | Countr                        | y   |                   | 8. This corporation owes or has paid the c   | <b>-</b>                               |  |
| 24  | 25                           |                                     |                                      | 29                          |                                   |                               |   |                   | Personal Property Tax due June 30. Yes L No  |  |  |
| g, Name and Address of Current Registered Agent             |                              |                                     |                                      |                             |                                   |                               | T-7:  |                   | 10. Name and Address of New Registered   | Agent                                  |  |
|   | AUNCH, S                     |                                     |                                      |                             |                                   | 81                            | Name  |                   |  |  |  |
| 9240 CYPRESS HOLLOW DR                                      |                              |                                     |                                      |                             |                                   |                               | 82 Street Address (P.O. Box Number is Not Acceptable) |                   |  |  |  |
| PALM BEACH GARDENS FL 33418                                 |                              |                                     |                                      |                             |                                   |                               | ļ   |                   |  |  |  |
|   |                              |                                     |                                      |                             |                                   | 83                            | 1   |                   |  |  |  |
|   |                              |                                     |                                      | 84                          |                                   |                               | City  |                   | FI   | 85 Zip Code                            |  |
| 11, Pursuant  | to the provis                | ions of Section                     | is 607.0502 ai                       | nd 607.150                  | 8, Florida Statu                  | les, the abov                 | re-named  | corpo             | ration submits this statement for the purpose  | of changing its registered             |  |
| office or re  | egistered aç<br>m familiar w | jent or böth, ir<br>ith, and accept | r the State of f<br>Lithe obligation | Torida, Suc<br>is of, Secti | ch change was<br>ion 607.0505. Fl | authorized b<br>orida Statute | y the corp<br>is.                                     | oralio            | ration submits this statement for the purpose in a board of directors. Thereby accept the ap | pointment as registered                |  |
| SIGNATURE   |                              |                                     |                                      |                             |                                   |                               |   |                   |  |  |  |
| SIGNATURE   | Signature, typoc             | or printed name of                  | registers d'agens ac                 | of title if apply a         | al de (NO                         | IE: Registered Aç             | ent signature   | ber uper          | when reinstating) OATE   |  |  |
| 12.   |                              | OFF                                 | CERS AND D                           | IRLCTORS                    |                                   | 13.                           |   |                   | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTORS IN 12                      |  |
| TITLE   | D                            |                                     |                                      |                             | DELETE                            | 1.1 TITLE                     |   |                   | EO   | Change Addition                        |  |
| NAME  |                              | CH, SANDRA                          |                                      |                             |                                   | 1.2 NAME                      | ĺ   | 7                 | erry w. Claunch  | \. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |
| STREET ADDRESS 9240 CYPRESS HOLLOW DR PALM BEACH GARDENS FL |                              |                                     |                                      | 40                          | 1.3 STREET ADDRESS                |                               | 95  | ino cypress Holli | ow inci  |  |  |
| CITY-ST-ZIP   | PALM E                       | SEAUH GAHU                          | ENS FL 334                           | 18                          |                                   | 1.4 CITY-                     | ST - ZIP  | Pa                | im Bch Gdns, Fl  | 33418                                  |  |
| TITLE   |                              |                                     |                                      |                             | ☐ DELETE                          | 2.1 TITLE                     |   | Tr                | -easurer   | Change Addition                        |  |
| NAME  |                              |                                     |                                      |                             |                                   | 2.2 NAME                      | Į   | ٤                 | had H. Claunch   | _ ^                                    |  |
| STREET ADDRESS  |                              |                                     |                                      |                             |                                   |                               | T ADDRESS   | 9,5               | ino cypness Hollo  | w or a                                 |  |
| CITY-ST-ZIP   | <del></del> -                |                                     |                                      |                             | DELETE                            | 2. 4 CITY-                    | ST-ZIP  | . Yo              | Im Beh Gans, F   | Change Addition                        |  |
| TITLE   |                              |                                     |                                      |                             | ☐ DELETE                          | 3.1 TITLE                     |   | _3                | ecretary   | Li criange Xi Audition                 |  |
| NAME  | ı                            |                                     |                                      |                             |                                   | 3.2 NAME                      | - 4000000   | 20                | mie Di Claunch   | ~ 4.7c.m-4-                            |  |
| STREET ADDRESS  |                              |                                     |                                      |                             |                                   |                               | T ADDRESS   | પ્રુપ             | 143 Golfers Circl  | 20461                                  |  |
| CITY-ST-ZIP   | <del>_</del> -               |                                     |                                      |                             | DELETE                            | 3.4. CITY-                    | S1-Z#P  | Po                | I'm Ben Gans, 41   | Change Addition                        |  |
| TITLE   |                              |                                     |                                      |                             | [_] DELLIC                        | 4.1 TITLE                     |   |                   |  |  |  |
| NAME  |                              |                                     |                                      |                             |                                   | 4. 2 NAME                     | - 1   |                   |  |  |  |
| STREET ADDRESS  |                              |                                     |                                      |                             |                                   | 1                             | T ADDRESS   |                   |  |  |  |
| CITY-ST-ZIP<br>TITLE  | <del></del>                  |                                     |                                      |                             | DELETE                            | 5.1 TITLE                     | SI-TIE  |                   |  | Change Addition                        |  |
| NAME  |                              |                                     |                                      |                             |                                   | 5.2 NAME                      |   |                   |  |  |  |
| STREET ADDRESS  |                              |                                     |                                      |                             |                                   |                               | T ADDRESS   |                   |  |  |  |
|   |                              |                                     |                                      |                             |                                   | 5.4 CITY                      | 1   |                   |  |  |  |
| CITY-ST-ZIP<br>TITLE  |                              |                                     |                                      |                             | DELETE                            | 6.1 TITLE                     | 01-411  | <del></del>       |  | Change Addition                        |  |
| NAME  |                              |                                     |                                      |                             |                                   | 6.2 NAME                      |   |                   |  |  |  |
| STREET ADDRESS  |                              |                                     |                                      |                             |                                   | 6.3 STREET ADDRESS            |   |                   |  | ļ                                      |  |
| OTHER MUNICIPAL   |                              |                                     |                                      |                             |                                   | S A DOTA                      | or 700  |                   |  |  |  |

14. 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 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.

**FILED** 

May 14 1998 8:00am

Secretary of State