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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077585 (6)

1. Corporation Name

SMARTSOFT, INC.



Principal Place of Business

134 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

Mailing Address

134 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

BROUMANO, GLAVIJ
134 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

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 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Glavij Broumano

4/2/96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	RICHARDSON, PAUL S	
STREET ADDRESS	134 SPRING VALLEY LOOP	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	DELETE
NAME	FARAHBAKSH, MICHELLE F	
STREET ADDRESS	134 SPRING VALLEY LOOP	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	DELETE
NAME	ESLAM, ROBABEH	
STREET ADDRESS	134 SPRING VALLEY LOOP	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. 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 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 or person 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 in an attachment with an address.

SIGNATURE:

Glavij Broumano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

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