

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:51**

DOCUMENT # P94000008769 (9)

1. Corporation Name

JADE SOFTWARE CORPORATION

Principal Place of Business
**10833 LA SALINAS CIRCLE
BOCA RATON FL 33428**

Mailing Address
**10833 LA SALINAS CIRCLE
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/03/1994		3a. Date of Last Report	
4. FEI Number 65-0465565 18912		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For			
21				26				65-0465565				18912			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired				<input type="checkbox"/>			
22				27				6. Election Campaign Financing				<input type="checkbox"/>			
City & State				City & State				Trust Fund Contribution				<input type="checkbox"/>			
23				28				8. This corporation has liability for intangible tax under S. 199.032,				Florida Statutes			
Zip				Country				29				30			
24				25				29				30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name K. B. Sexton			
				82 Street Address (P.O. Box Number is Not Acceptable) 10833 La Salinas Circle			
				83			
				84 City Boca Raton FL 85 Zip Code 33428			

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 607.051, Florida Statutes.

SIGNATURE *[Signature]* **Kevin Barry Sexton** DATE **4/3/95**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SEXTON, KEVIN B	12 NAME					
STREET ADDRESS	10833 LA SALINAS CIRCLE	13 STREET ADDRESS					
CITY - ST - ZIP	BOCA RATON FL 33428	14 CITY - ST - ZIP					
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		22 NAME					
STREET ADDRESS		23 STREET ADDRESS					
CITY - ST - ZIP		24 CITY - ST - ZIP					
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY - ST - ZIP		34 CITY - ST - ZIP					
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY - ST - ZIP		44 CITY - ST - ZIP					
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY - ST - ZIP		54 CITY - ST - ZIP					
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY - ST - ZIP		64 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 110.07(3)(b), 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 to an addition.

SIGNATURE: *[Signature]* **K. B. Sexton** DATE **4/3/95** (407) 852-7835