FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033394 (5)

1. Corporation Name
S.O.F.T. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
244 SOUTH EAST 9TH AVENUE POMPANO BEACH FL 33060	244 SOUTH EAST 9TH AVENUE POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7378 W. Atlantic Blvd	26 7378 W Atlantic Blvd
Suite, Apt. #, etc. 22 Suite 244	Suite, Apt. #, etc. 27 Suite 244
City & State 23 Pompano Beach	City & State 28 Pompano Beach
Zip 24 33063 County 25 Broward	Zip 29 33063 County 30 Broward

4. FEI Number: 65-0485981 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A ESQ.
165 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 607.1508, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Treasurer, Director ☒ Change ☐ Addition
NAME	OTT, KATHRYN J	1.2 NAME	
STREET ADDRESS	244 SOUTH EAST 9TH AVENUE	1.3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33060	1.4 CITY ST ZIP	
TITLE	VPD	2.1 TITLE	President, Director ☒ Change ☐ Addition
NAME	TRUOCCHIO, THERESA M	2.2 NAME	
STREET ADDRESS	244 SOUTH EAST 9TH AVENUE	2.3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33060	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	FASSRAINER, MARY T	3.2 NAME	
STREET ADDRESS	244 SOUTH EAST 9TH AVENUE	3.3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33060	3.4 CITY ST ZIP	
TITLE	TD	4.1 TITLE	Vice President, Director ☒ Change ☐ Addition
NAME	SNOW, CATHY A	4.2 NAME	
STREET ADDRESS	244 SOUTH EAST 9TH AVENUE	4.3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33060	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	8/25/18 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 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.

SIGNATURE: Kathryn J Ott Director 4/25/95 305-783-9680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102794 CP