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

CORPORATION



FLORIDA DEPARTMENT OF STATE

!	ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	MENT # P9400	0034940 (4	4)						
GINKG	O SOFTWARE SERVICES, I	INC.					ESIAN OCHDA ANEKI		<b>1</b> (1)( <b>1</b> 11) <b>100</b> )
Principal Place of Business Mailing Address									
9331 VEDRA BOCA RATON		9331 VEDRA POINTE LN BOCA RATON FL 33496							
						3. Date Incorporated or Qualified 05/06/1994	3a. Date o	/ Last Re <b>)1/199</b>	•
2. Principal Pla	ace of Business	2a. Mæling Address				4. FEI Number		1	Applied For
21		26				65-0489758		-	Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & State	>	City & State	***************************************			Election Campaign Financing     Trust Fund Contribution			May Be
Z <sub>ip</sub>	Country 25	Zip <b>29</b>	Co <b>30</b>	untry	,	8. This corporation has lability for in	ntangible tax	under s	199.032,
	9. Name and Address of Currer	t Registered Agent			,	10. Name and Address of New R	egistered A	gent	
				81	Name				
KUO, CINDY H				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
9331 VEDRA POINTE LN BOCA RATON FL 33496				83					
BOOM HATOR TE SOASO				84	City			85 Zu	o Code
					<b>1</b>		FL		
1			utes, the ab rized by the .es.	corp ove-r	named corpo poration's bo	oration submits this statement for the pur ard of directors. I hereby accept the appr		ging its ri gistered	egistered office i agent. I am
SIGNATURE _	Signature, by ild or printed hards of eigesteaut agent	and the Capital safety			rd Sagnaturer remain		CATE	VDEATA	DC IN 40
12.	OFFICERS AN	D DIRECTORS	13.	TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	KUO, CINDY H			NAME				9.	
STREET ADDRESS	9331 VEDRA POINTE LN		1.3	STREET	1 ADDRESS				
CITY-ST-ZIF	BOCA RATON FL 33496		14	DITY - S	ST-ZIF				<u></u>
TITLE	PSTD	DELETE		TITLE				Change	☐ Addition
NAME	KUO, CINDY H 9331 VEDRA POINTE LANE			NAME					
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL				LADDRESS S1-Zip				
TITLE	DOOR TRIONTE	DELFTE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THILE				Change	Addition
NAME			32	NAME					
STREET ADDRESS			33	STREE	! ADDRESS				
CITY-ST-ZIF		ED box care			ŜT ZIP			0	T Marco
TITLE		☐ DELETE	l l	TITLE				Change	☐ Add₁tion
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STREET ADDRESS CITY-ST-ZIF	,		•		ST-ZIP				
TITLE		DELETE		TILE				Change	Addition
NAME			5 2	NAME					
STREET ADDRESS			5 3	STREE	I ADDRESS				
CiTY-ST-ZIP		E DE exe			S1 · ZIP			Charrie	TT ANDRES
TITLE		☐ DELETE		TITLE	!		L	Change	Addition
NAME CIRCLI ADDRESS				NAME CIDLL	1 ADDRESS				
STREET ADDRESS					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:

SIGNATURE:

SIGNATURE AND WELL DAME OF SIGNING OFFICER OR DIRECTOR

Lignary August 1997

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CR2E034 (12/95)