

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

**APPROVED
AND
FILED**

1997 OCT 29 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**PROFIT
CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # 994000035911
1. Corporation Name
A BETTER WAY SOFTWARE, INC.

Principal Place of Business: 872 NW 35 ST SUITE 105 FT LAUDERDALE, FL 33309
Mailing Address: 872 NW 35 ST SUITE 105 FT LAUDERDALE, FL 33309

3. Date Incorporated or Qualified: 5/9/94
3a. Date of Last Report: 8/8/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <u>872 NW 35 ST</u>	26 <u>872 NW 35 ST</u>	<u>65-0492230</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 <u>SUITE 105</u>	27 <u>SUITE 105</u>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <u>FT LAUDERDALE FL 33309</u>	28 <u>FT LAUDERDALE FL</u>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 <u>33309</u>	29 <u>33309</u>	30 <u>USA</u>	31 <u>USA</u>
25 <u>USA</u>		32 <u>USA</u>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>ORAN TAVOY</u>		<u>ORAN TAVOY</u>	
<u>7441 SW 55 ST</u>		<u>7441 SW 55 ST</u>	
<u>PUNTA RICA, FL 33317</u>		<u>PUNTA RICA, FL 33317</u>	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
			<u>FL</u>
			B5 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: [Signature] DATE: 10/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<u>6000023314136-3</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>-10/30/97-01089-010</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>*****550.00 *****550.00</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: [Signature] DATE: 10/2/97 TELEPHONE: 954-564-8400

CR2E034 (9/96)