

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

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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**

21	2. Principal Place of Business <b>872 NW 35 ST</b> Suite, Apt. #, etc. <b>SUITE 105</b> City & State <b>FT LAUDERDALE FL 33309</b>	26	2a. Mailing Address <b>872 NW 35 ST</b> Suite, Apt. #, etc. <b>SUITE 105</b> City & State <b>FT LAUDERDALE FL</b>	4.	FEI Number <b>65-0492230</b>	Applied For Not Applicable			
22	22. <b>SUITE 105</b>	27	27. <b>SUITE 105</b>	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	23. <b>FT LAUDERDALE FL 33309</b>	28	28. <b>FT LAUDERDALE FL</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	24. <b>33309</b>	25	25. <b>USA</b>	29	29. <b>33309</b>	30	30. <b>USA</b>	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ORAN TAVOBY</b> <b>7441 SW 55 ST</b> <b>PUNTA RICA, FL 33317</b>				10. Name and Address of New Registered Agent			
B1 Name				B5 Zip Code			
B2 Street Address (P.O. Box Number is Not Acceptable)				FL			
B3				B4 City			

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	<b>ORAN TAVOBY</b>	1.2 NAME	<b>6000023314136-3</b>
STREET ADDRESS	<b>7441 SW 55 ST</b>	1.3 STREET ADDRESS	<b>-10/30/97-01089-010</b>
CITY-ST-ZIP	<b>PUNTA RICA, FL 33317</b>	1.4 CITY-ST-ZIP	<b>****550.00 ****550.00</b>
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** 954-564-8400

CR2E034 (9/96)