

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000038349 (4)

1. Corporation Name

SOFTWAREKS MICROSYSTEMS, INC.



Principal Place of Business

Mailing Address

4673 N.W. 24TH BOULEVARD  
GAINESVILLE FL 32605

5200 NW 43RD ST  
SUITE 102168  
GAINESVILLE FL 32606  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M  
ONE S.E. FIRST AVENUE  
GAINESVILLE FL 32601

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

Signature typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

P  
JONES, DOUGLAS H.  
4673 NW 24TH BLVD  
GAINESVILLE FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

M  
MOSER, ROBERT E.  
ROUTE 3, BOX 4338  
HIGH SPRINGS FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 352.3773500

CR2E034 (3/96)