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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000038349 (4)**

1. Corporation Name

SOFTWERKS MICROSYSTEMS, INC.



Principal Place of Business

**4673 N.W. 24TH BOULEVARD
GAINESVILLE FL 32605**

Mailing Address

**5200 NW 43RD ST
SUITE 102168
GAINESVILLE FL 32606-4484
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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

08/09/1996

4. FEI Number

59-3244946

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

10. Name and Address of New Registered Agent

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ Addition

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:

Douglas H. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97 3523773500

DATE Daytime Phone

CR2E034 (9/96)