## 1-1697 B- 0210 -C - FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000043423 (0)

	ERN SOFTWARE, INC.				
Principal Place of Business  198 SW 6TH AVENUE  BOCA RATON FL 33486		Mailing Address 198 SW 6TH AVENUE BOCA RATON FL 33486-4620		1 10211021 110 10111 91811 81	
				3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 02/02/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4	26		65-0510379	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		<b>6</b> Flaction October 51	Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes	Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent
	GDASARIAN, RICHARD C ESQ		81 Name		
BOCA RATON FL 33431			82 Street Addre	Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		<b>85</b> Zip Code
44 Charmont	10 A	- 1007 1000 Flor do Cont.			FL 3 20 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.					
ageni i a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes	· ·	u,
SIGNATURE	Signatine typed or printed hards of registerub agor	Land title if applicable (NOTE:	Registered Agent signature require	nd when rejostating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	Battisto, jeth r		1.2 NAME		
STREET ADDRESS	198 SW 6TH AVENUE		1.3 STREET ADDRESS		•••
C:TY - ST - ZIP	BOCA RATON FL 33486		1.4 CITY - ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		Change Addition
NAME	BATTISTO, DEBORAH A		2 2 NAME		
STREET ADDRESS	198 SW 6TH AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33486		2 4 CITY - ST - ZIP		
TILE		L DELETE	3 1 TITLE		Change Addition
NAME COMELABORES			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLÉ		DELETE	3.4. CITY+ST-ZIP 4.1 TITLE		Change Addition
NAME		Directi	4 2 NAME		L. Change L. Addition
STREET ADDRESS	+		4 3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TILE		DELETE	51 TITLE		Change Addition
NAME			52 NAME		En overse En vacation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			62 NAME		• –
STREET ADDRESS	•		63 STREET ADDRESS		
CITY-S1-ZIP			6.4 CiTY-ST-ZIP	•	

14. I do horeby 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, organization with an address.