

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000048509 (1)

1. Corporation Name

~~RED ROCK SOFTWARE, INC.~~

Simple Software Solutions Co

NC 2/16/96



Principal Place of Business

5001 SOUTH UNIVERSITY DRIVE STE. J
DAVIE FL 33328

Mailing Address

5001 SOUTH UNIVERSITY DRIVE STE. J
DAVIE FL 33328

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
10/26/1995

4. FLI Number
65-0559210

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. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DUNN, DONALD W
300 VAN BUREN #4
HOLLYWOOD FL 33019

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 607.0405, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, this corporation

Signature typed or printed name of person authorized to change

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
DUNN, DONALD W
STREET ADDRESS 300 VAN BUREN #4
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ DELETE
NAME D
RAFFACLE, THOMAS
STREET ADDRESS 8230 SW 15TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

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

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

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

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

954-680-4480