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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000058191 (5)

POWERMATE SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
333 N FALKENBURG RD Buite 8-227 Tampa Fl 33618	10910 COVEY COURT TAMPA FL 33625-5645

FILED May 06 1997 8:00am Secretary of State



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29 30 Florida Statutes Yes No		
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333 N FALKENBURG RD SUITE B-227 TAMPA FL 33819 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City B5 Zip Co 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 reagent. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and thin Agryciable. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P		
SUITE B-227 TAMPA FL 33619 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of reg Mined agent and title of epipocative. (NOTE: Hogisticed Agent signature required when reinstaining) 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11TILE Change Change		
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11. Pursuant to the provisions of Soctions 607.0402 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PAMME SCHUBERT, GLEN 12.NAME SCHUBERT, GLEN 13.SHEFT ADDRESS 333 N FALKENBURG RD SUITE B-227 TAMPA FL 33619 14.CITY-SI-ZIP TAMPA FL 33619 14.CITY-SI-ZIP TAMPA FL 33619 15.LITILE Change		
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 juchanged, or on an attachment with an address.

CIGNATUDE.

MARGINIAN III (Ship) / m Campb

4/20/02

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