SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:44

DOCUMENT # **P94000060219 (0)**

1. Corporation Name

M.C.S. SOFTWARE, INC.

Principal Place of Business	Mailing Address
288 KELSEY PARK CIR PALM BEACH GARDENS FL 33410	288 KELSEY PARK CIR PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5201 Congress Avenue
22 Suite, Apt. #, etc.: Suite C-160
23 City & State: Boca Raton, FL
24 Zip: 33487 25 Country: USA

2a. Mailing Address
26: 5201 Congress Avenue
27 Suite, Apt. #, etc.: Suite C-160
28 City & State: BOCA RATON FL
29 Zip: 33487 30 Country: USA

4. FEI Number: 65-0516340 ☐ 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

9. Name and Address of Current Registered Agent

LAW, ELLEN M
1300 N FEDERAL HWY
SUITE 201
BOCA RATON FL 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☐ Change ☐ Addition
NAME	SULLIVAN, MARTIN	12 NAME	Martin Sullivan	
STREET ADDRESS	288 KELSEY PARK CIR	13 STREET ADDRESS	5201 Congress Ave., #C150	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	14 CITY ST ZIP	Boca Raton, FL 33487	
TITLE		21 TITLE	Vice President	☐ Change ☑ Addition
NAME		22 NAME	Mane Currin	
STREET ADDRESS		23 STREET ADDRESS	500 NE 48th ST	
CITY ST ZIP		24 CITY ST ZIP	Boca Raton, FL 33431	
TITLE		31 TITLE	Anthony Risi/Vice President	☐ Change ☑ Addition
NAME		32 NAME	1116 NW 130th Terrace	
STREET ADDRESS		33 STREET ADDRESS	Sunrise, FL 33325	
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: Marie Currin MARIE BRAILYN CURRIN VP 6/5/95 407 998 4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140103 FP