

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

FILED

**May 16 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 # P94000074569 (2)

1. Corporation Name
DERUBERTIS SOFTWARE SYSTEMS, INC.



Principal Place of Business
**104 NE ELDERBERRY TERR
JENSEN BEACH FL 34957**

Mailing Address
**104 NE ELDERBERRY TERR
JENSEN BEACH FL 34957-4655**

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report
07/25/1996

2. Principal Place of Business
21 **3300 EVENTIDE PLACE**

2a. Mailing Address
26 **SAME**

4. FEI Number
65-0548265

Applied For
 Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
STUART, FL

28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **94994** Country **USA**

29. Zip Country

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DERUBERTIS, MICHAEL
104 NE ELDERBERRY TERR
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81 Name **MICHAEL DERUBERTIS**

82 Street Address (P.O. Box Number is Not Acceptable)
3300 EVENTIDE PLACE

83

84 City **STUART** FL 85 Zip Code **94994**

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: *Michael Derubertis* (NOTE: Registered Agent signature required when reinstating) DATE: **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DERUBERTIS, MICHAEL		1.2 NAME	
STREET ADDRESS 104 NE ELDERBERRY TERR 3300 EVENTIDE PL		1.3 STREET ADDRESS	
CITY-ST-ZIP JENSEN BEACH FL 34957 STUART, FL 94994		1.4 CITY-ST-ZIP	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRICIA DERUBERTIS		2.2 NAME	
STREET ADDRESS 3300 EVENTIDE PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP STUART, FL 34994		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *MICHAEL DERUBERTIS* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/30/97** DAYTIME PHONE: **561-325-0440**

CFR2E034 (9/96)