

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000076810 (8)

1. Corporation Name

CEIASOFT, INCORPORATED



Principal Place of Business

Mailing Address

5011 OCEAN BOULEVARD
SARASOTA FL 34242

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SARASOTA FL 34242

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0539685

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

10. Name and Address of New Registered Agent

~~FERRELL, HUGH C~~
~~22-60 TUTTLE AVENUE STE. 4~~
~~SARASOTA FL 34237~~

81 Name

LANGEDYK, RICHARD J

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

5376 SHADOW LAWN DRIVE

83

84 City

SARASOTA

FL

85 Zip Code
34242

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 607.0605, Florida Statutes.

SIGNATURE

Richard J. Langedyk

(NOTE: Registered Agent signature required when resigning)

6-29-96

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LANGEDYK, RICHARD
STREET ADDRESS 5376 SHADOW LAWN DRIVE
CITY- ST- ZIP SARASOTA FL 34242

TITLE D
NAME ZEITLER, MARKUS
STREET ADDRESS 16489 DEL PALACIO COURT
CITY- ST- ZIP DELRAY BEACH FL 33484-6871

TITLE D
NAME SILCOTT, LYNN R
STREET ADDRESS 625 TREEMONT STREET
CITY- ST- ZIP SARASOTA FL 34242

TITLE D
NAME STAMP, ANDREW
STREET ADDRESS ~~2630 COLORADO STREET~~ 2630 Colorado St.
CITY- ST- ZIP SARASOTA FL 34257

TITLE D
NAME BUTOR, JOHN A
STREET ADDRESS 3821 EASTON STREET
CITY- ST- ZIP SARASOTA FL 34238

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Richard J. Langedyk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 944-344-5400

(DATE)

Telephone Number

CR2E034 (3/96)