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Apr 04 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 # P94000078599 (5)

1. Corporation Name

JADO SOFTWARE SYSTEMS, INC.



Principal Place of Business

Mailing Address

4731 W ATLANTIC AVE  
#21  
DELRAY BEACH FL 33445  
JUS

4731 W ATLANTIC AVE  
DELRAY BEACH FL 33445-3838  
17205 CHADWOOD CT.  
AUSTIN TX 78717

3. Date Incorporated or Qualified  
10/24/1994

3a. Date of Last Report  
04/18/1996

2. Principal Place of Business

21 4390 St. Andrews DR

2a. Mailing Address

26 17205 CHADWOOD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Boynton Beach Fla

24 33436

Country

25 Palm Beach

27 City & State

28 Austin TX

29 78717

Country

30 Williamson

4. FEI Number

65-0531112

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

SISCO, DOUGLAS  
4701 W ATLANTIC AVE  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name DOUGLAS SISCO

82 Street Address (P.O. Box Number is Not Acceptable)  
4390 St. Andrews DR

83

84 City Boynton Beach

FL

85 Zip Code 33436

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

Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/97

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME SISCO, DOUGLAS  
STREET ADDRESS 4701 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME Douglas Sisco  
1.3 STREET ADDRESS 17205 CHADWOOD COURT  
1.4 CITY-ST-ZIP AUSTIN TX 78717

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/97 (512) 310-2473

CR2E034 (9/96)