

**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 # P95000012937 (5)  
1. Corporation Name

MYSTIC SOFTWARE INCORPORATED



Principal Place of Business: 4285 WOODHAVEN DRIVE MELBOURNE FL 32925  
Mailing Address: 4285 WOODHAVEN DRIVE MELBOURNE FL 32925

3. Date Incorporated or Qualified: 02/15/1995  
3a. Date of Last Report

2. Principal Place of Business: 21 4285 Wood Haven Dr  
2a. Mailing Address: 26 4285 Wood Haven Dr

22 City & State: 27 Melbourne FL

23 Zip: 24 32935  
25 Country  
28 Zip: 29 32935  
30 Country

4. FEI Number: 59-3299835  
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  
HEALY, PATRICK F  
700 S. BABCOCK ST.  
SUITE 400  
MELBOURNE FL 32901

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's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | DELETED                  |
|----------------------------|--|--------------------------|
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     | Change                   | Addition                            |
|---|---------------------|--------------------------|-------------------------------------|
| 11 TITLE  | P/S                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 NAME   | Lester A. Jackson   |                          |                                     |
| 13 STREET ADDRESS                                     | 4285 Wood Haven Dr  |                          |                                     |
| 14 CITY-ST-ZIP  | Melbourne, FL 32935 |                          |                                     |
| 21 TITLE  |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 22 NAME   |                     |                          |                                     |
| 23 STREET ADDRESS                                     |                     |                          |                                     |
| 24 CITY-ST-ZIP  |                     |                          |                                     |
| 31 TITLE  |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 32 NAME   |                     |                          |                                     |
| 33 STREET ADDRESS                                     |                     |                          |                                     |
| 34 CITY-ST-ZIP  |                     |                          |                                     |
| 41 TITLE  |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 42 NAME   |                     |                          |                                     |
| 43 STREET ADDRESS                                     |                     |                          |                                     |
| 44 CITY-ST-ZIP  |                     |                          |                                     |
| 51 TITLE  |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 52 NAME   |                     |                          |                                     |
| 53 STREET ADDRESS                                     |                     |                          |                                     |
| 54 CITY-ST-ZIP  |                     |                          |                                     |
| 61 TITLE  |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 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: Lester A. Jackson 8/2/96 407-259-1908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)