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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023139 (5)

1. Corporation Name:
SOFTWARE CENTRE, INC.

Principal Place of Business

110 SEAMARGE CIRCLE
PENSACOLA FL 32507

Mailing Address

110 SEAMARGE CIRCLE
PENSACOLA FL 32507-3545

2. Principal Place of Business

21 1211 Ariola Dr
Suite, Apt. #, etc.

22 City & State

23 Pensacola Beach

Zip

24 32561

Country

25 ESCAMBA

2a. Mailing Address

26 1211 Ariola Dr
Suite, Apt. #, etc.

27 City & State

28 Pensacola Beach

Zip

29 32561

Country

30 ESCAMBA

9. Name and Address of Current Registered Agent

DANCY, JON A
1211 ARIOLA DRIVE
PENSACOLA BEACH FL 32561

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 607.1503, 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 (type or print the name of the person signing and title if applicable)

(OR) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
BARRON, WILLIAM
110 SEAMARGE CIRCLE
PENSACOLA FL 32507

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/V
DANCY, JON A.
1211 ARNOLD DR.
PENSACOLA FL 32561

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/V
MALTAIS, WANDA
9870 BOBWHITE WAY
PENSACOLA FL 32514

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

CEO

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Jon A. Dancy

4/14/97

CR2E034 (9/96)