


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

FILED

May 01 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 # P95000047284 (1) 1. Corporation Name Sublimated Software, Inc.					
Principal Place of Business		Mailing Address (incorrect)			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1125 Seminole Drive		26 703 Pier Avenue		06/19/1995	04/26/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 B625		59 332 5145	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Tallahassee FL		28 Hermosa Beach CA		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	Country	29 Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 32301	25 Leon	29 90254	30 Los Angeles	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Kraft, Herbert R 1020 E Lafayette St Ste 206A Tallahassee FL 32301				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name				Warren G. Clary	
82 Street Address (P.O. Box Number is Not Acceptable)				1125 Seminole Drive	
83					
84 City				Tallahassee FL	
85 Zip Code				32301	
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: Warren G. Clary (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered agent signature required when reinstating)					
DATE: 4/6/97					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
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					
100002169891 -05/07/97--01093--003 ***165.00					
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: Amy Seeberger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/20/97 31079807007					

CR2E034 (9/96)