


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 # P95000047291 (6) 1. Corporation Name Home and Office Software Center, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 1125 Seminole Drive	26 703 Pier Avenue	3. Date Incorporated or Qualified 06/19/1995	
22 State, Apt. #, etc.	27 Suite, Apt. #, etc. B340	3a. Date of Last Report 04/26/1996	
23 Tallahassee FL	28 Hermosa Beach CA	4. FEI Number 59 332 5143	
24 32301	29 90254	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Kraft, herbert R. 1020 E Lafayette Street Ste 206A Tallahassee FL 32301		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.		10. Name and Address of New Registered Agent	
SIGNATURE Warren G. Clary		81 Name Warren G. Clary	
(NOTE: Registered Agent signature required when reinstating)		82 Street Address (P.O. Box Number is Not Acceptable) 1125 Seminole Drive	
		83	
		84 City Tallahassee FL 85 Zip Code 32301	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME Clary, Warren		1.2 NAME	
3. STREET ADDRESS 1125 Seminole Drive		1.3 STREET ADDRESS	
4. CITY- ST- ZIP Tallahassee FL 32301		1.4 CITY- ST- ZIP	
5. TITLE D <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME Clary, Elsie R		2.2 NAME	
7. STREET ADDRESS 1125 Seminole Drive		2.3 STREET ADDRESS	
8. CITY- ST- ZIP Tallahassee FL 32301		2.4 CITY- ST- ZIP	
9. TITLE D <input type="checkbox"/> DELETE		3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME Amy Seeberger		3.2 NAME Amy Seeberger	
11. STREET ADDRESS 2902D Battle Mountain Way		3.3 STREET ADDRESS 10B Meyer Court	
12. CITY- ST- ZIP Tallahassee FL 32301		3.4 CITY- ST- ZIP Hermosa Beach CA 90254	
13. TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY- ST- ZIP		4.4 CITY- ST- ZIP	
17. TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY- ST- ZIP		5.4 CITY- ST- ZIP	
21. TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY- ST- ZIP		6.4 CITY- ST- ZIP	
14. I 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.		900002169889 -05/07/97--01093--001 ***165.00	
SIGNATURE: Amy Seeberger		4/25/97 3107987087	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)