

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000056109

1. Corporation Name
ObjectSoft Inc.

Principal Place of Business: **Tampa, Florida, USA**
Mailing Address: **12701 North 50th Street #G-23 Tampa, Florida 33617 USA**

2. Principal Place of Business: **21 Same as above**
2a. Mailing Address: **26 Same as above**
22. Suite, Apt # etc
27. Suite, Apt # etc
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

3. Date Incorporated or Qualified: **July 18, 1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **59-3328983**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
**Miss Lynette Valenti
12701 North 50th Street, #G-23
Tampa, Florida USA 33617**

10. Name and Address of New Registered Agent
81 Name: **Mrs. Lynette Katare**
82 Street Address (P.O. Box Number is Not Acceptable): **12701 North 50th Street**
83 City, State, Zip: **#G-23**
84 City, State, Zip: **Tampa FL 33617**

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 607.0504, Florida Statutes.
SIGNATURE: **Lynette Katare, Officer** **Lynette Katare, Officer** **4/22/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1. NAME	Chief Financial Officer & VP (CFO, V), Director
1.3 STREET ADDRESS	Lynette Katare
1.4 CITY, ST, ZIP	12701 North 50th Street, #6-23 Tampa, Florida 33617
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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26
4-28-96

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lynette Katare, CFO, VP & Director, Lynette Katare 4/22/96 (813) 985-4112**

CR2E034 (12/95)