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Apr 15 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 # P95000056109  
1. Corporation Name  
Object Soft Inc.

Principal Place of Business: Tampa, FL, USA  
Mailing Address: 28621 Dawns Break Pt, Wesley Chapel, FL 33543

2. Principal Place of Business: Same as above  
2a. Mailing Address: Same as above  
21. State, Apt. #, etc.:  
22. City & State:  
23. Zip: Country:  
24. Zip: Country:

3. Date incorporated or Qualified: July 18, 1995  
3a. Date of Last Report: 4/22/96  
4. FEL Number: 59-3328983  
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  
Mrs. Lynette Katore  
12701 N. 50th Street, # G-23  
Tampa, FL 33617

10. Name and Address of New Registered Agent  
81 Name: Mrs. Lynette Katore  
82 Street Address (P.O. Box Number is Not Acceptable): 28621 Dawns Break Point  
83  
84 City: Wesley Chapel FL 85 Zip Code: 33543

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: Lynette Katore, Vice-President  
DATE: 4/11/96

12. OFFICERS AND DIRECTORS

TITLE	Brajesh Katore, President	<input type="checkbox"/> DELETE
NAME	28621 Dawns Break Pt,	
STREET ADDRESS	Wesley Chapel, FL 33543	
CITY-ST-ZIP	Lynette Katore, Vice President	
TITLE	28621 Dawns Break Pt	
NAME	Wesley Chapel, FL 33543	
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002144406
6.3 STREET ADDRESS	-04/16/97--01004--011
6.4 CITY-ST-ZIP	***165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information contained 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 Katore, Lynette Katore, Vice-President 4/11/96 (813)907-9214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Handwritten initials and date: 4/15/96

NO KEEP DELETIONS