

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

**FILED**

**May 13 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P95000057830 (8)**  
1. Corporation Name  
**SOFTWARE TRAINING AND SERVICES, INC**



Principal Place of Business: **2622 N.W 43RD STREET SUITE B-4 GAINESVILLE FL 32606**  
Mailing Address: **2622 N.W 43RD STREET SUITE B-4 GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1995**  
4. FEI Number: **59-3343226**  
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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 **2632 NW 43RD STREET**  
Suite, Apt. #, etc.  
22 **STE - A-115**  
City & State  
23 **GAINESVILLE FL**  
Zip Country  
24 **32606-7449** 25 **US**  
2a. Mailing Address  
26 **2632 NW 43RD STREET**  
Suite, Apt. #, etc.  
27 **STE A-115**  
City & State  
28 **GAINESVILLE FL**  
Zip Country  
29 **32606-7449** 30 **US**

8. Name and Address of Current Registered Agent  
**ANSCHULTZ, ADANA M  
2622 N.W. 43RD STREET  
SUITE B-4  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2632 NW 43RD STREET**  
83 **STE A-115**  
84 City **GAINESVILLE** FL 85 Zip Code **32606-7449**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ANSCHULTZ, ADANA M</b>
STREET ADDRESS	<b>6519-405 NEWBERRY RD.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GARCIA, JORGE A</b>
STREET ADDRESS	<b>4100 N.W. 8TH PLACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>
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	
6.3 STREET ADDRESS	
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.

CR2E034 (10/97)