

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Apr 24 1997 8:00 am
Secretary of State

DOCUMENT # P95000067775
1. Corporation Name: **ETG SOFTWARE INC.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified: **9-1-1995** 3a. Date of Last Report
4. FEI Number: **65-0604801** 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

2. Principal Place of Business: 21 **6142 NW 41st Drive** 2a. Mailing Address: 26 **6142 NW 41st Drive**
22 Suite, Apt. #, etc.: 27
23 City & State: **CORAL SPRINGS, FL** 28 City & State: **CORAL SPRINGS, FL**
24 Zip: **33067** 25 Country: **USA** 29 Zip: **33067** 30 Country: **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD GUTIERREZ
6142 NW 41st Drive
Coral Springs, FL 33067

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	GUTIERREZ, EDWARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	6142 NW 41ST DRIVE	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY/TREASURER	2.2 NAME	
STREET ADDRESS	FRUTH, TERESA	2.3 STREET ADDRESS	
CITY-ST-ZIP	6142 NW 41ST DRIVE	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY/TREASURER	3.2 NAME	
STREET ADDRESS	FRUTH, TERESA	3.3 STREET ADDRESS	
CITY-ST-ZIP	6142 NW 41ST DRIVE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

[Handwritten Signature]
4/25/97

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-04/29/97--01054--028
*****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 included 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: *[Handwritten Signature]* Date: **4/20/97** (954)344-9760

CR2E034 (9/96)