

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 16 1996 8:00 am  
Secretary of State

DOCUMENT # P95000072504 (0)

1. Corporation Name

SCOTTWARE TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

5881 CHESTER LANE  
DAVIE FL 33331

5881 CHESTER LANE  
DAVIE FL 33331

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

4. FEI Number

65-0609227

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

10. Name and Address of New Registered Agent

WOLFE, LARRY  
200 - A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6843

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

Signature of person printed name of registered agent and then in appropriate

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDSTEIN, SCOTT A	
STREET ADDRESS	5881 CHESTER LANE	
CITY-STATE-ZIP	DAVIE FL 33331	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FELDS	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FELDSTEIN, SCOTT A	
1.3 STREET ADDRESS	5881 CHESTER LANE	
1.4 CITY-STATE-ZIP	DAVIE, FL. 33331	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FELDSTEIN, JASON B	
2.3 STREET ADDRESS	5881 CHESTER LANE	
2.4 CITY-STATE-ZIP	DAVIE, FL 33331	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FELDSTEIN, BARBARA M	
3.3 STREET ADDRESS	5881 CHESTER LANE	
3.4 CITY-STATE-ZIP	DAVIE, FL 33331	
4.1 TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GROSS-FELDSTEIN, CINDY E	
4.3 STREET ADDRESS	5881 CHESTER LANE	
4.4 CITY-STATE-ZIP	DAVIE, FL 33331	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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:

Scott Feldstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96  
Date

(305) 680-9600  
Daytime Phone #

CR2E034 (12/95)