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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000075928 (8)

DOCUMENT # P95

1. Corporation Name
GOODING SOFTWARE, INC.

Principal Place	of Business	)	Mailir	ng Address										
9613 LANCASTER PL. BOCA RATON FL 33434			P.O. BOX 6873 DELRAY BEACH FL 33484-9998											
								3.	Date Incomora 09/29/19	ted or Qualified	3a. Da	ate of Las	st Repor	t
2. Principal Pt	lace of Busin	ess	2a. M	failing Address				4.	, FEI Number		<b>.</b>		<b>X</b> Appli	ied For
21			26										Not /	Applicable
Suite, Apt.			27	uite, Apt. #, etc.				5.	. Certificate of St	tatus Desired	Æ.		. <b>75</b> Ad ee Requ	
City & State	e		Fn	ity & State				6.	. Election Campa	•			<b>5.00</b> м	
<b>23</b> Zip		Country	<b>28</b>			ountry			Trust Fund Cor				dded to	
24		25	29	47	30	Ountry		P.	<ul> <li>This corporation</li> <li>Florida Statutes</li> </ul>		intangibie s ∏No	tax unde	ers 199	1.032,
	9, Name	and Address of Cu		red Agent	1551	T		10.	Name and Ad			d Agent		
						81	Name							
	'ALEZ, AND LANCASTE					82	Street	Address (P	P.O. Box Number	is Not Accepta	ble)			
BOCA	RATON FI	L 33434				83								
						-								
•	ı					84	City				FI	85	Zip Co	ide
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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 armual 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 13 if changed, or on an attachment with an address. SIGNATURE: Your This of Coul april 24/96 (407) 488-4729

6.4 CITY- \$1-7IP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 C 1 1 1 1 1 1 1