FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000076605 (1)

1. Corporation Name
COMMSOFT, INC.

Principal Place of Business
14550 BRUCE B DOWNS BLVD #134
TAMPA FL 33613
15501, BRUCE B'DOWNS, #1606, TAMPA, FL 33647

Mailing Address
14550 BRUCE B DOWNS BLVD #134
TAMPA FL 33613
15501, BRUCE B' DOWNS #1606, TAMPA, FL 33647

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report

2. Principal Place of Business
21 15501, BRUCE B'DOWNS,
Suite, Apt #, etc.
22 #1606, TAMPA, FL
City & State
23 33647
Zip 24 Country 25

2a. Mailing Address
26 15501, BRUCE B DOWNS
Suite, Apt #, etc.
27 #1606, TAMPA FL,
City & State
28 33647.
Zip 29 Country 30

4. FEI Number: 59-3337597 ☐ 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

BHETHANABOTLA, SMYAM S
14550 BRUCE B DOWNS BLVD #134
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name: BHETHANABOTLA, SHYAM. S.
82 Street Address (P.O. Box Number is Not Acceptable): 15501, BRUCE B' DOWNS BLVD,
83 APT # 1606, TAMPA, FL
84 City: TAMPA FL 85 Zip Code: 33647

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 X Shyam Sunder. B.

12. OFFICERS AND DIRECTORS

TITLE	PD PRESIDENT	☐ DELETE
NAME	SHYAM. S. BHETHANABOTLA.	
STREET ADDRESS	15501, BRUCE B' DOWNS BLVD	
CITY-ST-ZIP	APT# 1606, TAMPA FL 33647	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	200001863372 -06/17/96--01024--036 ***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96 JP

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14. I do hereby certify that the information supplied with this filing 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: X Shyam Sunder B. — May 27th 96 — 813-979-8043 / 813-979-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #