## 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

## DOCUMENT # P9600000638 (2)

STERN & MORROW SOFTWARE CONSULTING, INC.

Principal Place of Business Mailing Address												
,			•	Mailing Address								, , , , , , , , , , , , , , , , , , , ,
350 WEST CA	MINO GARDE	NS BLVD		350 W CAMINO GARDENS BLVD SUITE 102								
SUITE 102 BOCA RATON FL 33432				BOCA RATON FL 33432-5825				1				
US TENTON	110 00 102		US	_ 00 /02 0030	,			1	3. Date Incorporated or Qualified 12/26/1995		te of Last R 26/1996	eport
2. Principal P	Place of Busin	ress	2a. Mailing Add	ress					4. FEI Number			plied For
21			26	26				İ	65-0630436			t Applicable
Suite, Apt #, etc.				Suite, Apt. #, etc.						X	\$8.75	Additional
22			27	27				1	5. Certificate of Status Desired		Fee Re	quired
City & Stat	le		City & State						6. Election Campaign Financing	·	\$5.00	May Be
23			28	28					Trust Fund Contribution		Added 1	
Zip		Country	Zip		Country	/			8. This corporation has liability for			199.032,
24		25	29	30	<u> </u>						No	
		and Address of Curre	ent Registered Agent			····		10	o. Name and Address of New Re	gistered /	Agent	
STE	ERN, URI J				61		Name					
113			82 Street Address (P.O. Box Number is Not Acceptable					ole)				
BO	CA RATON	FL 33498			0.00,700							
					63	Γ						
					64	ļ-,	City			<del></del>	85 Zip (	Code
					07	ľ	City			FL	65   Zip (	Jour
11. Pursuant	to the provis	ions of Sections 607.05	502 and 607.1508, Flor	ida Statutes,	the above	9-1	named c	orporat	tion submits this statement for the p	ourpose of	changing it	s registered
office or i	registered aç am familiar w	jent, or both, in the Sta ith, and accept the obli	te of Florida. Such chai igations of, Section 607	nge was aut 7.0505. Floric	horized by da Statute:	y ti s.	ne corpo	oration s	s board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE		,	<b>,</b>	,								
SIGNATURE	Signature, typed	or printed name of registered a	gent and tille if applicable.	(NOTE R	legistered Age	ent	signature r	equired wh	hen feinstating)	DATE		
12.		OFFICERS A	IND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	
THE	D			DELETE	1.1 TITLE			P/5	8		Change .	Addition
NAME	STERN,	uri j			1.2 NAME			•				
STREET ADDRESS		ORAL REEF DR			1.3 STREET	T AL	DDRESS					
CITY-ST-ZIP	<u> </u>	ATON FL 33498			1.4 CITY-5	ST-	ZIP					
TITLE	D			DELETE	2.1 TITLE			V/7	<b>7</b>		Change	Addition
NAME	MORRO	W, JAMES S			2.2 NAME							
STREET ADDRESS	1	ORAL REEF DR			2.3 STREET	T AL	DORESS (	1191	10 N.W. 33th 31	reet		
CITY-ST-ZIP	BOCA R	ATON FL 33498			2. 4 CITY-	ST-	-ZIP	Sur	10 N.W. 35th St 1rise, FL 333	23		
TITLE				DELETE	3.1 TITLE						Change	Addition
NAME					3.2 NAME							
STREET ADDRESS	}				3.3 STREET	T A[	DDRESS					
CITY-ST-ZIP	]				3.4. CITY-	ST-	- ZIP					
TITLE				DELETE	4.1 TITLE						Change	☐ Addition
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREET	T A	DDRESS					
CITY-ST-ZIP					4.4 CITY-5	S! -	2IP					
TITLE	ļ			DELETE	5.1 TITLE						Change	Addition
NAME					5.2 NAME		- 1					
STREET ADDRESS					5.3 STREET	T AI	DDRESS					
CITY-ST-ZIP					54 CITY-5	ST-	ZIP					
T+TLE				DELETE	61 TITLE						Change	Addition
NAME					6.2 NAME							
STREET ADDRESS	: }				6.3 STREET	T AS	DDRESS					
CITY-ST-ZIF					6.4 DITY-5	ST-	ZIP					
14. I do here	eby certify tha	at the information supplies	lied with this filing does	not qualify	for the exe	em	ption st	ated in	Section 119.07(3)(i), Florida Statute signature shall have the same leg	s. I furthe	r certify that	the
1 tam an o	afficer or dire	clor of the corporation	or the receiver or truste or on an elachment	ee empower	ed to exec	cul	te this re	port as	required by Chapter 607, Florida	Statutes; a	nd that my	name

SIGNATURE:

URE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

J. Stern 13/97 561-392-010

**FILED** 

Feb 18 1997 8:00am

Secretary of State