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

Feb 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000000638 (2) STERN & MORROW SOFTWARE CONSULTING, INC. Principal Place of Business Mailing Address 350 WEST CAMINO GARDENS BLVD 350 W CAMINO GARDENS BLVD SHITE 102 SHITE 102 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified HS 12/26/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0630436 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STERN, URI J Variet J. Stern Street Address (P.O. Box Number is Not Acceptable) 50 West Camino Gardens 11301 CORAL REEF DR **BOCA RATON FL 33498** Suite loa Boca Baton 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both of the State agent. I am familiar with and accept the option of 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered furida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered soft, Section 607.0505, Florida Statutes. SIGNATURE (NOTF: Registered Agent eignature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change ☐ Addition NAME STERN, URI J 1.2 NAME 11301 CORAL REEF DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MORROW, JAMES S 22 NAME STREET ADDRESS 11910 NW 35TH ST 2.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TOTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. I 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 indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth; that I am an officer or director of the corporation or the receiver or trusted employered to execute legibles 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.

5.1 TITLE

5.2 NAME

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

DELETE

DELETE

SKINATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

2/9/98 5

561-392-0104

Change

Change

Addition

Addition

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