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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 30 1998 8:00am Secretary of State

DOCUMENT # P9600001574 (8) RENEGADE SOFTWARE DESIGNS. INC. Principal Place of Business Mailing Address 106 BUNSET DRIVE 106 SUNSET DRIVE LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1996 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3353316 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TITLE DELETE 1.1 TITLE Change **BLINN, MICHAEL P** CR2E034 1.2 NAME NAME STREET ADDRESS 106 SUNSET DRIVE 1.3 STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Addition Change TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 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 MICHAEL P. BLINN

(407) 260-9767

(407)260-9767