FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

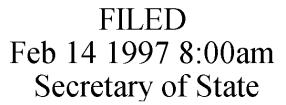| PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # P96000014481 (1)

1. Corporation Name

SOFTWARE USABILITY EVALUATIONS, INC.

Principal Place of Business	Mailing Address
22215 MARTELLA AVE. BOCA RATON FL 33433	22215 MARTELLA AVE. BOCA RATON FL 33433-4620

3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report

	2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0641343	Applied For
21		26				Not Applicable
	Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22		27				
	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23		28				
	Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	
24		25	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
FORD, JIM 22215 MARTELLA AVE. BOCA RATON FL 33433	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL	85	Zip Code

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)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** NAME **FORD, JIM** STREET ADDRESS **22215 MARTELLA AVE.** CITY-ST-ZIP **BOCA RATON FL 33433**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 _Jim Ford_   2-10-97 (561) 488-7335

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