

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000015130 (3)**

1. Corporation Name  
**RUNAWAY SOFTWARE, INC.**



Principal Place of Business <b>839 HERITAGE DR FT LAUDERDALE FL 33326</b>	Mailing Address <b>839 HERITAGE DR FT LAUDERDALE FL 33326-4544</b>
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3. Date Incorporated or Qualified <b>02/14/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>17692 NW Gilbert Lane</b> Suite, Apt. #, etc. 22 <b>8</b> City & State 23 <b>Portland, OR</b> Zip 24 <b>97229</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>17692 Gilbert Lane</b> Suite, Apt. #, etc. 27 City & State 28 <b>Portland, OR</b> Zip 29 <b>97229</b> Country 30 <b>US</b>	4. FEI Number <b>65-0652397</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>WILLNER, MARK P 839 HERITAGE DR FT LAUDERDALE FL 33326</b>	10. Name and Address of New Registered Agent 81 Name <b>Mark D. Hoffman</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>18415 Ruffian Way</b> 83 84 City <b>Boca Raton,</b> FL 85 Zip Code <b>33496</b>
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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 *Mark D. Hoffman* *Mark D. Hoffman* 1/16/97  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Sec-Treas Mark P. Willner 17692 Gilbert Lane Portland, OR 97229</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Mark D. Hoffman 18415 Ruffian Way Boca Raton, FL 33496</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark P. Willner* *Mark P. Willner President* 1/31/97 503-  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)