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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1997 8:00am

Secretary of State

561-241-7441

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022395 (3)

B SOFT, INC.

STREET ADDRESS.

SIGNATURE:

CITY - ST - ZIE

Principal Place of Business Mailing Address 551 NW 777H ST., STE. 100 551 NW 77TH ST., STE. 100 **BOCA RATON FL 33487 BOCA RATON FL 33487-1330** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65.0650295 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUDERMAN, ROBERT W 551 NW 77TH ST., STE. 100 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 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 typing or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE BRUDERMAN. ROBERT W 1.1 TITLE Change Addition PRESIDENT - SECTY/TREASURER 1.2 NAME 551 NW 77 A GREET - SVITE 100 1.3 STREET ADDRESS FL 33487 CHY-\$1-70 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 716 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - ZIP 34. CITY-ST-ZIP DELETE THEE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - 719 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIE 5.4 CITY+ST-ZIP DELETE 1:116 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 exportation, 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.