

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

FILED

**Feb 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mozhay Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000025109 (5)
1. Corporation Name
PROSOFT ENGINEERING, INC.



Principal Place of Business 1202 FRUIT COVE DRIVE, SOUTH JACKSONVILLE FL 32259	Mailing Address 1202 FRUIT COVE DRIVE, SOUTH JACKSONVILLE FL 32259
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/20/1996	
4. FEI Number 59-3366756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUSCHMAN, ALBERT E JR.
2215 SOUTH THIRD STREET, SUITE 101
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name	Soren Brockdorf
82 Street Address (P.O. Box Number is Not Acceptable)	
83	4362 Kelnepe Dr.
84 City	JACKSONVILLE FL
85 Zip Code	32207

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 _____ DATE **2/1/98**
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PROSSER, BRYAN	
STREET ADDRESS	1202 FRUIT COVE DRIVE, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROSSER, MELISSA	
STREET ADDRESS	1202 FRUIT COVE DRIVE, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	SOREN BROCKDORF	<input type="checkbox"/> DELETE
NAME	4362 Kelnepe Dr.	
STREET ADDRESS	JACKSONVILLE FL 32207	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: _____ DATE **1/21/97** **904-4488123**

CF2E034 (10/97)