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

PROFIT
CORPORATION
ANNUAL REPORT

2. Principal Place of Business

NOEL, MICHAEL

UNIT 7

CITY-ST-ZIP

2078 NW 43RD TER

FT LAUDERDALE FL 33313

SAME

City & State

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORD RATIONS

SAME AS ABOVE

Country

81

82

83

30

1997 DOCUMENT # P9600061876 (4)

MICHAELSOFT SIMPLE SOFTWARE, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business Mailing Address
2078 NW 43RD TER
UNIT 7
FT LAUDERDALE FL 33313

Mailing Address
2078 NW 43RD TER
UNIT 7
FT LAUDERDALE FL 33313

2a. Mailing Address

City & State

27

28

29

FILED May 28 1997 8:00am Secretary of State

	i fabrinas kin (hiya dibi) nasil nasil anis	. 88413 8414	1 (186) (800) (8919 BIII (188)
	Date Incorporated or Qualified 07/22/1996	3a. D	ate of Last Report
	4. FEI Number		Applied For
l	65-07319951		Not Applicab
	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	6. Election Campaign Financing		\$5.00 May Be

This corporation has liability for intangible tax under s. 199,032,

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Yes No

84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFIE Change 1.1 TITLE NAME 1.2 NAME MICHAEL NOEL 2078 N. W. 43 RD. TERR. 47 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL, FL. 33313 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 C/TY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ___ Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP 4000022058**114**hange DELETE 6.1 TITLE TITLE -06/09/97--01091--019 NAME 6.2 NAME ***165.00 STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

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

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