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**Feb 03 1997 8:00am
Secretary of State**



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069974 (9)

1. Corporation Name
OCELOT SOFTWARE, INC.



Principal Place of Business
**12096 NORTH HIGHWAY A1A
VERO BEACH FL 32963**

Mailing Address
**12096 NORTH HIGHWAY A1A
VERO BEACH FL 32963-9403**

3. Date Incorporated or Qualified
08/22/1996

3a. Date of Last Report

4. FEI Number
65-0689979

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **P.O. Box 510357**

27 Suite, Apt #, etc.

28 **MELBOURNE BEACH, FL**

29 **32951** 30 **USA**

9. Name and Address of Current Registered Agent

**BOYD, JOEL E
7380 MURRELL ROAD #100
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name **MARY B GOLDING**

82 Street Address (P.O. Box Number is Not Acceptable)
12096 N. A1A

83

84 City **VERO BEACH** FL 85 **32963**

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: Mary Beth Golding
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDING, MARY B	1.2 NAME	MARY B GOLDING
STREET ADDRESS	12096 NORTH HIGHWAY A1A	1.3 STREET ADDRESS	12096 N. A1A
CITY - ST - ZIP	VERO BEACH FL 32963	1.4 CITY - ST - ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES. / SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JEFFREY GOLDING
STREET ADDRESS		2.3 STREET ADDRESS	12096 N. A1A
CITY - ST - ZIP		2.4 CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: Mary Beth Golding
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)