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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082522 (9)

FILED Jan 29 1998 8:00am Secretary of State

SOFTWARE ENGINEERING, INC. Principal Place of Business Mailing Address 824 NW 30TH STREET 824 NW 30TH STREET WILTON MANORS FL 33311 WILTON MANORS FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0708449 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PASEWI Z. EDWARD 81 Name 824 NW 30TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) WILTON MANORS FL 33311 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change PASEWICZ, EDWARD NAME 1.2 NAME 824 NW 30TH STREET STREET ADDRESS 1.3 STREET ADDRESS WILTON MANORS FL 33311 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition DILE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with the filling does not indicated on this annual report or supplemental indual report is the officer or director of the corporation or the repulse or trustee of powers. the exemption stated in Section 119 07(8); Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental officer or director of the corporation or the reposition of the repositi

SIGNATURE:

1/22/98