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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094649 (6)

BLUE HERON SOFTWARE, INC.

Principal Place of Business

Mailing Address

98 MAY -4 AM 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



6700 N.E. 21 FT. LAUDERDA		6700 N.E. 21 DR. FT. LAUDERDALE FL 33:	306	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  11/15/1996	SPACE	
	ace of Business SW 1114 St	2a. Mailing Address	17th St	4. FEI Number	Applied For	
21 1361 3 Suite, Apt.	<del></del>	26 1361 SW Suite, Apt. #, etc.	11, 21	65-0709837	Not Applicable	
22	π, <b>σ</b> ιο.	27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	L Raton, I L	City & State 28 Boca Rate		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3348		2ip 29 33486	Country 30 U S A		Yes No	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent	
	LSICH, PATRICK K					
6700 N.E. 21 DR. FT. LAUDERDALE FL 33308			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
11.	FJANTHOUTF I F 10000		83			
			84 City C		gs Zin Code	
			1 5 Gc	xa Raton Fl	- 33486	
office or re		Florida Such change was	authorized by the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap		
SIGNATURE	Signature, typed or profit of name of registered agent		It : Registered Agent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE D		Change	
NAME	SALSICH, PATRICK K		1.2 NAME 5	ALSICH, PATRICK K.		
STREET ADDRESS	6700 N.E. 21 DR.		1.3 STREET ADDRESS	361 SW 17th St		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - S1 - ZIP	30ca Ratur, FL 33486		
TITLE		☐ DELĒTĒ	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	800002513	9280	
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		11 114U14	
TITLE		Ottese	3 1 TITLE	***150.00	The state of 2010 Offician	
NAME CIRCL ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	4.1 THILE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	_	- •	
STREET ADDRESS			5.3 STREET ADDRESS	A MAN	_	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	11,711/10	$\mathcal{O}$	
TITLE		☐ DELETE	6.1 TITLE	u. upy	Change	
NAME			6.2 NAME	111/10	// X	
STREET ADDRESS			6.3 STREET ADDRESS	5/9/	10	
0.774 07 710			5.4 0 7 4 7 7 P	1 / '		

14. Thereby 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 supplimental 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 charged, or on an attachment with an address.