

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90041 006 ***150.00

US040447

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004612

1. Corporation Name
SOFTECH AMERICA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY SUITE 103 BOCA RATON FL 33432	Mailing Address 1515 SOUTH FEDERAL HIGHWAY SUITE 103 BOCA RATON FL 33432
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3. Date Incorporated or Qualified 01/16/1997	Applied For
4. FEI Number 65-0728734	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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GOERTZ, HERBERT
 1515 SOUTH FEDERAL HIGHWAY
 SUITE 103
 BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name **GREGORY J. BLODIG, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)
GREENSPOON, MARDER ET AL.

83 **100 WEST CYPRESS CREEK ROAD, #700**

84 City **FT. LAUDERDALE, FL** 85 Zip Code **33309**

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 *Herbert Goertz* (NOTE: Registered Agent signature required when reinstating) DATE 1-26-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOERTZ, THOMAS	
STREET ADDRESS	1515 SOUTH FEDERAL HWY., SUITE 103	
CITY-ST-ZIP	BOCA RATON FL 33432	
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	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TERRY, CHRIS J.	
1.3 STREET ADDRESS	1515 SOUTH FEDERAL HWY., SUITE 103	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOERTZ, THOMAS	
2.3 STREET ADDRESS	1515 SOUTH FEDERAL HWY., SUITE 103	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
3.1 TITLE		<input type="checkbox"/> Change <input 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, with all other like empowered.

SIGNATURE: *Herbert P. Goertz* SIGNATURE *Herbert P. Goertz* (501)416-7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)