

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

**FILED**

**May 07 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000077672 (8)**  
1. Corporation Name  
**SOFTMAGIC CORP.**



Principal Place of Business <b>6421 CONGRESS AVENUE SUITE 114 BOCA RATON FL 33487</b>	Mailing Address <b>6421 CONGRESS AVENUE SUITE 114 BOCA RATON FL 33487</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6413 Congress Ave.</b> Suite, Apt. #, etc. 22 <b>Ste. 230</b> City & State 23 <b>Boca Raton, FL</b> Zip 24 <b>33487</b>	2a. Mailing Address 26 <b>6413 Congress Ave.</b> Suite, Apt. #, etc. 27 <b>Ste. 230</b> City & State 28 <b>Boca Raton, FL</b> Zip 29 <b>33487</b>
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3. Date Incorporated or Qualified <b>09/08/1997</b>	4. FEI Number <b>65-0781424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**CREEK, JENNIFER  
6421 CONGRESS AVENUE  
SUITE 114  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

B1 Name <b>Jennifer Creek</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>6413 Congress Ave.</b>
B3 <b>Ste. 230</b>
B4 City <b>Boca Raton</b>
FL B5 Zip Code <b>33487</b>

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 *Jennifer Creek* **Jennifer Creek, Treasurer** **4/27/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>SANT'ANNA, ANDRE L</b>	
STREET ADDRESS <b>6421 CONGRESS AVENUE, SUITE 114</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>CREEK, JENNIFER</b>	
STREET ADDRESS <b>6421 CONGRESS AVENUE, SUITE 114</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>6413 Congress Ave., Ste. 230</b>	
1.4 CITY-ST-ZIP <b>Boca Raton, FL 33487</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>6413 Congress Ave., Ste. 230</b>	
2.4 CITY-ST-ZIP <b>Boca Raton, FL 33487</b>	
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.

CR2E034 (10/97)