

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S07631 (2)

1. Corporation Name

ACE SOFTWARE INCORPORATED

Principal Place of Business

**8380 BAYMEADOWS RD
STE 11
JACKSONVILLE FL 32256
US**

Mailing Address

**8380 BAYMEADOWS RD
STE 11
JACKSONVILLE FL 32256
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1980

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3040017

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 8789 San Jose Blvd

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Jacksonville, FL

Zip

24 32217

Country

25 US

2a. Mailing Address

26 8789 San Jose Blvd

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Jacksonville, FL

Zip

29 32217

Country

30 US

9. Name and Address of Current Registered Agent

**TREIBER, GEORGE M.
8380 BAYMEADOWS RD
STE 11
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

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

12298 Peach Orchard DR

83

84 City

Jacksonville

FL

85 Zip Code

32217

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

Signature (typed or printed name of registered agent and the filer if applicable)

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TREIBER, GEORGE M.
STREET ADDRESS	12298 PEACH ORCHARD DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	TREIBER, TODD G.
STREET ADDRESS	4853 PHILROSE DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	TREIBER, BEVERLY J.
STREET ADDRESS	12298 PEACH ORCHARD DR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **Beverly J. Treiber** **4-21-95** (1047) 31-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)