

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S07631 (2)

1. Corporation Name

ACE SOFTWARE INCORPORATED



Principal Place of Business

8789 SAN JOSE BLVD
SUITE 202
JACKSONVILLE FL 32217
US

Mailing Address

8789 SAN JOSE BLVD
SUITE 202
JACKSONVILLE FL 32217
US

3. Date Incorporated or Qualified

10/16/1990

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 8849 San Jose Blvd
Suite, Apt. #, etc.

26 8849 San Jose Blvd
Suite, Apt. #, etc.

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

22

City & State

23 Jacksonville, FL

27

City & State

28 Jacksonville, FL

24

Zip

Country

25 32217

25 USA

29

Zip

Country

29 32217

30 USA

9. Name and Address of Current Registered Agent

TREIBER, GEORGE M.
12298 PEACH ORCHARD DR
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
TREIBER, GEORGE M.
12298 PEACH ORCHARD DR.
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D
TREIBER, TODD G.
4953 PHILROSE DR.
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D
TREIBER, BEVERLY J.
12298 PEACH ORCHARD DR
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D
TREIBER, BEVERLY J.
12298 PEACH ORCHARD DR
JACKSONVILLE FL

TITLE ☐ DELETE

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12298 PEACH ORCHARD DR
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12298 PEACH ORCHARD DR
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D
TREIBER, BEVERLY J.
12298 PEACH ORCHARD DR
JACKSONVILLE FL

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 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (904) 731-0731

Date

Daytime Phone #

CR2E034 (12/95)