

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S77376** (9)

1. Corporation Name
GANAHL SOFTWARE, INC.

Principal Place of Business: **1769 NE 39 CT, STE 1204, POMPANO BCH FL 33064 US**
Mailing Address: **6278 N FED HWY, STE 135, FT LAUDERDALE FL 33308 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0276019	Applied For <input type="checkbox"/> 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
6. This corporation has liability for intangible tax under S. 199 U.S.C. Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**DE GANAHL, BRICE
1769 NE 39TH CT., S-1204
POMPANO BCH. FL 33064**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	FL

11. Pursuant to the provisions of Sections 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	DEGANAHL, C. BRICE
3. STREET ADDRESS	6278 N FED HWY, #135
4. CITY, ST., ZIP	FT LAUDERDALE FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Degannah C. Brice	
3. STREET ADDRESS		
4. CITY, ST., ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST., ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST., ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST., ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 my name were written. That I am available or able to be of this corporation or the record of this corporation to execute this report as required by Chapter 497, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

4/28/95 305 942 5581