

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S92393** (5)
1. Corporation Name
ROETTGER ENGINEERING SOFTWARE CORPORATION



Principal Place of Business
**351 SIXTH STREET NORTH
NAPLES FL 33940
US**

Mailing Address
**351 SIXTH STREET NORTH
838 ANCHOR RODE DRIVE
NAPLES FL 33940
US**

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0307660

Applied For
☐ Not Applicable

5. Certificate of Status Desired
N/A \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution **N/A** \$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 Suite, Apt. #, etc
22 City & State
23 Zip
24 **34102**

2a. Mailing Address
26 **351 6th Street North**
27 Suite, Apt. #, etc
27 **NA**
28 City & State
28 **Naples, FL**
29 Zip
29 **33940**
30 Country
30 **Collier**

9. Name and Address of Current Registered Agent

**MARIANNE PALLMAN
351 SIXTH STREET, NORTH
NAPLES FL 33940**

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
34102

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ROETTGER, WILLIAM C JR.	351 SIXTH STREET NORTH	NAPLES FL 33940	<input type="checkbox"/>
ST	PALLMAN, MARIANNE H	351 SIXTH STREET NORTH	NAPLES FL 33940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
			FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address

SIGNATURE:

Marianne Pallman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (941) 262-4478
DATE DAYTIME PHONE #

CR2E034 (3/96)