

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 # **V30313** (3)

1. Corporation Name
21ST CENTURY SOFTWARE, INC.



Principal Place of Business
**837 9TH AVE. S.
NAPLES FL 33940**

Mailing Address
**837 9TH AVE. S.
NAPLES FL 33940**

3. Date Incorporated or Qualified
04/16/1992

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **1100 5th Ave South**

26 **1100 5th Ave South**

22 **Suite 308**

27 **Suite 308**

City & State

City & State

23 **Naples, FL**

28 **Naples, FL**

Zip

Country

Zip

Country

24 **33940**

25 **Collins**

29 **33940**

30 **Collins**

4. FEI Number
65-0330122

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, STEPHEN R.
5761 CYPRESS HOLLOW WAY
NAPLES FL 33942**

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 signing officer or director

Date

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D CAMPBELL, STEPHEN R.
5761 CYPRESS HOLLOW WAY
NAPLES FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D DEMPSEY, STEPHEN J
644 HICKORY ROAD
NAPLES FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D DIACCO, ROBERT A
644 HICKORY ROAD
NAPLES FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5761 Cypress Hollow Way

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, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R Campbell

5-2-96

941-261-1772

CR2E034 (12/95)