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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:30

DOCUMENT # **V37089** **(2)**

1. Corporation Name
SPARTAN SOFTWARE, INC.

Principal Place of Business	Mailing Address
1300 PARK OF COMMERCE BLVD SUITE 155 DELRAY BEACH FL 33445 US	1300 PARK OF COMMERCE BLVD SUITE 155 DELRAY BEACH FL 33445 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0338943	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 1300 Park of Commerce Blvd	26 1300 Park of Commerce Blvd
Suite, Apt. #, etc. 22 Suite 270	Suite, Apt. #, etc. 27 Suite 270
City & State 23 Delray Beach, Florida	City & State 28 Delray Beach, Florida
Zip 24 33445 Country 25 US	Zip 29 33445 Country 30 US

9. Name and Address of Current Registered Agent

BERGMAN, JOHN H
114 MAYFAIR LN
BOYNTON BCH FL 33462

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	BERGMAN, JOHN	1.2 NAME	Bergman, John H	
STREET ADDRESS	4781 N CONGRESS AVE #246	1.3 STREET ADDRESS	114 Mayfair Lane	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	ST	2.1 TITLE	ST	☑ Change ☐ Addition
NAME	BERGMAN, KATHRYN CAREY	2.2 NAME	Bergman, Kathryn Carey	
STREET ADDRESS	4781 N CONGRESS AVE #246	2.3 STREET ADDRESS	114 Mayfair Lane	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: John H Bergman John H. Bergman 2-3-95 401-274-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0267810 CP