FILE NOW:	FILING	FEE AFTER	R MAY 1	1 IS \$225.00
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	IMENT # <b>V625</b> 2 pn Name <b>RSISOFT, INC</b> .	24 (6)			1.3001 81400 81410 1150 Billio Ha	i Bibi Bibil Bi		1 <b>81641 81644 168</b> 1	
Principal Plac	ce of Business	Mailing Address		···					
795 SCOOTER POINT GENEVA FL 32732		PO BOX 606 GENEVA FL 32732							
					3. Date Incorporated or Qualified 09/08/1992	_	of Last R 4/28/19		
2. Principal F	Place of Business	2a. Mailing Address			4. FET Number	Applied For			$\dashv$
21		[26]			59-3145087			Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stal	ite	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.0	May Be d to Fees	
Ζ(p	Country 25	Ζ(μ)	Country 30		8. This corporation has liability for	intangible ta			
	g. Name and Address of Curr		1301		10. Name and Address of New F		Agent		
			81	Name					
BARNES, MICHAEL W.			82	Street A	et Address (P.O. Box Number is Not Acceptable)				
	COOTER PT VA FL 32732		83						
GENER	IN FL 32/32		84	0.					_
		02 and 607.1508, Florida Statut orida. Such change was authoriz		,	FL 85 Zip Code				
SIGNATURE	with, and accept the obligations of, So System (seed or protest our consistence as OF HOERS A			ts pulde re	ADDITIONS/CHANGES TO OFF	DATE			(36)
TITLE	P	DELETE	1 1 T TLE				Change	Addition	12/
NAME	BARNES, MICHAEL W.		1.2 NAME						CR2E034 (12/95)
STREET ADDRESS CITY-ST-ZIP	795 SCOOTER POINT GENEVA FL			LADDRESS					ZEC
TITLE	OLINEVA I C	☐ DELETE	14C:TY-5 2 1 TITLE	51 - 212	SECRETARY	. [	Criange	Addition	⊣წ
NAME			2.2 NAME		BARNES, EILEEN O 795 SCOOTER POIN GENEVA, FL	· ·		_	
STREET ADDRESS			23 STREET	LADDRESS	CELEUN EL	•			
TITLE		DELETE	2 4 CHY 5	st · ZIF	BONOVA, IL	<u>r</u>	Change	Add tion	-
NAME			3.2 NAME			_			
STREET ADDRESS			33 STREE						
Crty-St-ZiP TifLE		☐ D€LETE	34 C(TY-5 4 1 Till E	S1 - ZIP			Change	☐ Addition	-
NAME		<u>Lij</u> vereit	4.2 NAME			L	change	☐ Materials	
STREET ADDRESS			4.3 STREET	LADORESS					
CITY-ST-ZIP			4.4 CITY - 9	31 - <b>2</b> 1P			***		_
TITLE		☐ DELETE				[	Change	☐ Addit∞n	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CHY-5						
TITLE		☐ DELETE	6 1 Tillut				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			63 STHEET	i					
City-St-ZiP 14. I do herei	by certify that the information supplied	i with this functis voluntarily fun-	64 011Y-9 aished and doe		ify for the exemption stated in Section 119	07/3)(e) Elo	ricia Statut	os Litutado	

certify that the information indicated on this annual report or supplemental annual report is Irue 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 60?, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Mel Type of Wainted NAME OF SIGNING OFFICER OR DIRECTOR W. Barnes 4/29/96 (40) 349-9166