

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 27 PM 3: 08

DOCUMENT # V68337

(7)

1. Corporation Name

NATIONAL SOFTWARE, INC.

Principal Place of Business

**P.O. BOX 448
MARLTON NJ 08053**

Mailing Address

**P.O. BOX 448
MARLTON NJ 08053**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1992

3a. Date of Last Report

08/10/1994

4. FEI Number

65-0397337

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JOHNSON, HENRY PAUL
6736 LONE OAK BLVD
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

Lieborman, Karen

82 Street Address (P.O. Box Number is Not Acceptable)

10515 N.W. 11th Ct.

83

84 City

Plantation

FL

85 Zip Code
33322

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

Karen Lieberman

Signature, typed or printed name of registered agent and title if applicable

(If FEI, Registered Agent Signature required when filing)

01/20/95

12. OFFICERS AND DIRECTORS

TITLE

PT

NAME

MORGENROTH, HERBERT

STREET ADDRESS

P.O. BOX 488 N/A

CITY-ST-ZIP

MARLTON NJ

TITLE

VP

NAME

LIEBERMAN, KAREN

STREET ADDRESS

P.O. BOX 488 N/A

CITY-ST-ZIP

MARLTON NJ

TITLE

S

NAME

GROSS, DEBRA

STREET ADDRESS

P.O. BOX 488 N/A

CITY-ST-ZIP

MARLTON NJ

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Morgenroth, Herbert

PO Box 448 N/A

Marlton, NJ 08053

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Lieberman, Karen

10515 N.W. 11th Ct.

Plantation, FL 33322

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Gross, Debra

PO Box 448 N/A

Marlton, NJ 08053

☒ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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 190.01(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 made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to conduct 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:

DR. HERBERT B. MORGENROTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-95

674-596 5100

Display Name