

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 # **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**

3. Date Incorporated or Qualified: **09/29/1992**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **65-0397337**
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
**LIEBERMAN, KAREN
10515 N.W. 11TH CT
PLANTATION FL 33322**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 registered agent, and the filer, if applicable) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MORGENROTH, HERBET	
STREET ADDRESS	P.O. BOX 488 N/A	
CITY-ST-ZIP	MARLTON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, KAREN	
STREET ADDRESS	10515 N.W. 11TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GROSS, DEBRA	
STREET ADDRESS	P.O. BOX 488 N/A	
CITY-ST-ZIP	MARTON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME	Morgenroth, Herbert	
1.3 STREET ADDRESS	PO Box 448	
1.4 CITY-ST-ZIP	Marlton, NJ 08053	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
3.2 NAME	Gross, Debra	
3.3 STREET ADDRESS	PO Box 448	
3.4 CITY-ST-ZIP	Marlton, NJ 08053	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

609-696-8100

CR2E034 (12/95)