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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000090821 (7)

1. Corporation Name
BUSINESS SOFTWARE DEVELOPERS, INC.



Principal Place of Business
**170 NW 78TH TERRACE BLDG 2. STE 102
PEMBROKE PINES FL 33024
US**

Mailing Address
**170 NW 78TH TERRACE BLDG 2. STE 102
PEMBROKE PINES FL 33024
US**

3. Date Incorporated or Qualified
12/15/1994

3a. Date of Last Report
03/06/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0539988

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ESCHBAUGH, BOB
170 NW 78TH TERRACE
BLDG 2, STE 102
PEMBROKE PINES FL 33024**

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 PVST	NAME ESCHBAUGH, ROBERT V	1.1 TITLE VP	1.2 NAME ESCHBAUGH, JACQUELYN
STREET ADDRESS 170 NW 78TH TERRACE BLDG 2, STE 102	CITY-ST-ZIP PEMBROKE PINES FL	1.3 STREET ADDRESS > -> SAME	1.4 CITY-ST-ZIP > -> SAME
TITLE D	NAME ESCHBAUGH, ROBERT V	2.1 TITLE VP	2.2 NAME ESCHBAUGH, MICHAEL
STREET ADDRESS 170 NW 78TH TERRACE BLDG 2, STE 102	CITY-ST-ZIP PEMBROKE PINES FL	2.3 STREET ADDRESS > -> SAME	2.4 CITY-ST-ZIP > -> SAME
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: _____ DATE: **2/12/97** DAYTIME PHONE #: **954 962 4580**

CR2E034 (9/96)