

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F87547 (8)**

1. Corporation Name
FINANCIAL SOFTWARE SYSTEMS, INC.



Principal Place of Business	Mailing Address
LAMONT AND NEIMAN, PA 1 BISCAYNE TOWER STE 3550, 2 S BISCAYNE MIAMI FL 33131 US	LAMONT AND NEIMAN PA 1 BISCAYNE TOWER STE 3550, 2 S BISCAYNE MIAMI FL 33131 US

3. Date Incorporated or Qualified 06/11/1982	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2198636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 FINANCIAL SOFTWARE SYSTEMS	26 FINANCIAL SOFTWARE SYSTEMS
22 Suite, Apt. #, etc. 12320 SW 99 AVENUE	27 Suite, Apt. #, etc. 12320 SW 99 AVENUE
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33176-4916 25 Country USA	29 Zip 33176-4916 30 Country USA

9. Name and Address of Current Registered Agent

LAMONT & NEIMAN PA
1 BISCAYNE TOWER, STE 3550, 2 BISCAYNE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name RICHARD E METTAM
82 Street Address (P.O. Box Number is Not Acceptable) 12320 SW 99 AVENUE
83
84 City MIAMI
85 Zip Code FL 33176-4916

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: *Richard E. Mettam* **RICHARD E. METTAM** **4/18/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	METTAM, CAROL T	
STREET ADDRESS	12320 SW 99 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	METTAM, RICHARD E	
STREET ADDRESS	12320 SW 99 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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: *Richard E. Mettam* **RICHARD E. METTAM** **4/18/96 (305) 255-9924**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/96)