

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # F9200000705 (5)**  
1. Corporation Name  
**SYSTEMS SOFTWARE STANDARDS, LTD. INCORPORATED**

Principal Place of Business: **600 LYNNHAVEN PKWY. STE 216 VIRGINIA BEACH VA 23451-7319 US**  
Mailing Address: **600 LYNNHAVEN PKWY. SUITE 216 VIRGINIA BEACH VA 23452-7319 US**

3. Date Incorporated or Qualified: **12/15/1992** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **54-1303938** 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** 2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**  
City & State: **23** City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**TROCHE, JOSE L  
70 BELLAIRE DRIVE  
PALM COAST FL 32037**

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: **FL** B5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: <b>CP</b>	NAME: <b>CASANOVA, WILLIAM</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Michael Dougherty</b>
STREET ADDRESS: <b>2508 ESCORIAL COURT</b>	CITY-ST-ZIP: <b>VIRGINIA BEACH VA 23458</b>	1.2 NAME: _____	1.3 STREET ADDRESS: <b>631 Lynn Shores Drive</b>
TITLE: <b>DST</b>	NAME: <b>CASANOVA, ALMA</b>	1.4 CITY-ST-ZIP: <b>VA Beach VA 23452</b>	2.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>2508 ESCORIAL COURT</b>	CITY-ST-ZIP: <b>VIRGINIA BEACH VA 23458</b>	2.2 NAME: _____	NAME: <b>Patti Van Buren</b>
TITLE: _____	NAME: _____	2.3 STREET ADDRESS: <b>1905 Annandale Ct</b>	2.4 CITY-ST-ZIP: <b>VA Beach VA 23464</b>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.5 CITY-ST-ZIP: _____	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	3.2 NAME: _____	3.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP: _____	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	4.2 NAME: _____	4.2 NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.3 STREET ADDRESS: _____	4.3 STREET ADDRESS: _____
TITLE: _____	NAME: _____	4.4 CITY-ST-ZIP: _____	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME: _____	5.2 NAME: _____
TITLE: _____	NAME: _____	5.3 STREET ADDRESS: _____	5.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP: _____	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	6.2 NAME: _____	6.2 NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.3 STREET ADDRESS: _____	6.3 STREET ADDRESS: _____
TITLE: _____	NAME: _____	6.4 CITY-ST-ZIP: _____	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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patti Van Buren Patti Van Buren 4/17/95 804-463-2970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR