

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 # F92000000705 (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: 04/26/1995
4. FEI Number: 54-1303938
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

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 (81-84) fields.

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, MICHAEL	1.2 NAME	
STREET ADDRESS	631 LYNN SHORES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VA BEACH BA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN BUREN, PATTI	2.2 NAME	
STREET ADDRESS	1905 ANNANDALE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	VA BEACH FA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CP CASANOVA, William
STREET ADDRESS		3.3 STREET ADDRESS	2508 ESCORIAL CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	VA Beach VA 23456
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DST CASANOVA, ALMA
STREET ADDRESS		4.3 STREET ADDRESS	2508 ESCORIAL CT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VA Beach VA 23456
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: Patti Van Buren, Patti Van Buren 4/26/96 804-463-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)