

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90007 047 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F92000000705**
 1. Corporation Name
SYSTEMS SOFTWARE STANDARDS, LTD. INCORPORATED

600674-90007-47



Principal Place of Business
**2387 CT PLAZA DR
 SUITE 200
 VA BEACH VA 23456
 US**

Mailing Address
**2387 CT PLAZA DR
 SUITE 200
 VA BEACH VA 23456
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 54-1303938		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TROCHE, JOSE L 70 BELLAIRE DRIVE PALM COAST FL 32037				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOUGHERTY, MICHAEL		1.2 NAME MARTIN, ROBERT	
STREET ADDRESS 631 LYNN SHORES DRIVE		1.3 STREET ADDRESS 2417 THREE OAKS DRIVE	
CITY-ST-ZIP VA BEACH BA		1.4 CITY-ST-ZIP VIRGINIA BEACH, VA 23456	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATTI VAN BUREN		2.2 NAME	
STREET ADDRESS 2148 SOUTHEROSS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP VIRGINIA BCH VA		2.4 CITY-ST-ZIP	
TITLE CP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASANOVA, WILLIAM		3.2 NAME	
STREET ADDRESS 2508 ESCORIAL CT		3.3 STREET ADDRESS	
CITY-ST-ZIP VA BEACH VA		3.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASANOVA, ALMA		4.2 NAME	
STREET ADDRESS 2508 ESCORIAL CT		4.3 STREET ADDRESS	
CITY-ST-ZIP VA BEACH VA		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *[Signature]* SIGNATURE REQUIRED: *[Signature]* **2/27/99 (757) 321-8000**

CR2E034 (5/99)