

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF REVENUE
Florida H. Sherman
Secretary of State
DIVISION OF CORPORATIONS

**FREED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 APR 11 PM 3:45

DOCUMENT # M50000 (2)
1. Corporation Name
TRIPLE C SOFTWARE, INC.

Principal Place of Business Mailing Address
**3235 NE 38TH ST.
FT. LAUDERDALE FL 33308** **3235 NE 38TH ST.
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/09/1987** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0003172** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAGGETT, EDWARD H.
3235 NE 38TH ST.
FT. LAUDERDALE FL 33308**

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 submit 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 re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CLAGGETT, EDWARD H.
STREET ADDRESS	3235 NE 38TH ST.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	CLAGGETT, BARBARA J.
STREET ADDRESS	3235 NE 38TH ST
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	DVT
NAME	CLAGGETT, CHARLES B.
STREET ADDRESS	3235 NE 38TH ST
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	DV
NAME	CLAGGETT, KENNETH L.
STREET ADDRESS	1827 SW 24TH AVE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	CLAGGETT, GAYLE L.
STREET ADDRESS	1827 SW 24TH AVE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	<input 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or as an attachment with an address.

SIGNATURE:  **4/6/95** **305-563-7406**
EDWARD H. CLAGGETT (Typed Name) (Typed Phone #)