

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 09 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M50000 (2)**  
 1. Corporation Name  
**TRIPLE C SOFTWARE, INC.**



Principal Place of Business <b>3235 NE 38TH ST. FT. LAUDERDALE FL 33308</b>	Mailing Address <b>3235 NE 38TH ST. FT. LAUDERDALE FL 33308-6436</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/09/1987</b>	3a. Date of Last Report <b>05/14/1996</b>
21	22	26	27	4. FEI Number <b>65-0003172</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CLAGGETT, EDWARD H.</b> <b>3235 NE 38TH ST.</b> <b>FT. LAUDERDALE FL 33308</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.0503, Florida Statutes.

SIGNATURE *Edward H. Claggett Pres.* 5/14/1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAGGETT, EDWARD H.			1.2 NAME			
STREET ADDRESS	3235 NE 38TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CLAGGETT, BARBARA J.			2.2 NAME	<b>D</b>		
STREET ADDRESS	3235 NE 38TH ST			2.3 STREET ADDRESS	<b>8566 ARROWHEAD DR.</b>		
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		
TITLE	DVT	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAGGETT, CHARLES B.			3.2 NAME	<b>DVT</b>		
STREET ADDRESS	3235 NE 38TH ST			3.3 STREET ADDRESS	<b>8566 ARROWHEAD DR.</b>		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAGGETT, KENNETH L.			4.2 NAME			
STREET ADDRESS	1827 SW 24TH AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAGGETT, GAYLE L			5.2 NAME			
STREET ADDRESS	1827 SW 24TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			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 do 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 *Edward H. Claggett* 5/14/97 8566 ARROWHEAD DR

CR2E034 (9/96)