FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9: 12

DOCUMENT # **S74264** (0)

1. Corporation Name

TEMPUS SOFTWARE, INC.

Principal Place of Business	Mailing Address
4500 SALISBURG RD SUITE 170 JACKSONVILLE FL 32216 US	4500 SALISBURG RD SUITE 170 JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3085204 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	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

DRAUGHON, RICHARD SCOTT
200 WEST FORSYTH ST
SUITE 1730
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 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 ______

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12.	13.	
TITLE	DPT	1 1 TITLE	[ ] Change [ ] Addition
NAME	HAYES, DAVID W.	1 2 NAME	
STREET ADDRESS	4500 SALISBURY RD SUITE 170	1 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	[ ] Change [ ] Addition
NAME	BROWN, BROOKS	2 2 NAME	
STREET ADDRESS	4500 SALISBURY RD SUITE 170	2 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	2 4 CITY ST ZIP	
TITLE	DVS	3 1 TITLE	[ ] Change [ ] Addition
NAME	SAFFER, KEVIN	3 2 NAME	
STREET ADDRESS	4500 SALISBURY RD SUITE 170	3 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	[ ] Change [ ] Addition
NAME	MOVSOVITZ, LARRY	4 2 NAME	
STREET ADDRESS	4500 SALISBURY RD SUITE 170	4 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	[ ] Change [ ] Addition
NAME	HARRIS, ALAN	5 2 NAME	
STREET ADDRESS	4500 SALISBURY RD SUITE 170	5 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	[ ] Change [ ] Addition
NAME	WISE, STEVE	6 2 NAME	
STREET ADDRESS	4500 SALISBURY RD SUITE 170	6 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	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)(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: David W. Hayes DAVID W. HAYES 1-13-95 904-296-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018614 CP