

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

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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S74617 (9)
T. Corporation Name
CONTACT PLUS SOFTWARE CORPORATION



Principal Place of Business 1909 AIRPORT BLVD SUITE 8 MELBOURNE FL 32901 US	Mailing Address P.O. BOX 372577 SATELLITE BEACH FL 32937-0577 US
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3. Date Incorporated or Qualified 08/15/1991	3a. Date of Last Report 08/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 1909 AIRPORT BLVD	Suite, Apt. #, etc. 27
City & State 23 DELETE "SUITE 8"	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 59-3080851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**FRESE, GARY B.
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
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

TITLE	D <input type="checkbox"/> DELETE
NAME	TRUJILLO, EDMUND L. JR
STREET ADDRESS	P.O. BOX 372577
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TRUJILLO, DONNA R.
STREET ADDRESS	P.O. BOX 372577
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edmund L. Trujillo
1.3 STREET ADDRESS	1909 Airport Blvd
1.4 CITY-ST-ZIP	Melbourne, FL 32901
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donna R. Trujillo
2.3 STREET ADDRESS	1909 Airport Blvd
2.4 CITY-ST-ZIP	Melbourne FL 32901
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 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: Donna R. Trujillo Date: **4/1/97** Daytime Phone #: **407 9842592**

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