SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V29785** **(5)**

1. Corporation Name

POWERCERV TECHNOLOGIES CORPORATION

Principal Place of Business	Mailing Address
400 N. ASHLEY DR. STE. #1910 TAMPA FL 33602 US	400 N. ASHLEY DR. STE. #1910 TAMPA FL 33602 US

3. Date Incorporated or Qualified: 04/20/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 400 N. ASHLEY DRIVE	26 400 N. ASHLEY DRIVE
Suite, Apt. #, etc 22 SUITE 2700	Suite, Apt. #, etc 27 SUITE 2700
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33602 / 25 US	Zip / Country 29 33602 / 30 US

4. FEI Number: 59-3117606 ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIS, CYNTHIA C
SCHIFINO & FLEISCHER; ONE TAMPA CITY CNTR.
201 N. FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: WAGMAN, STEPHEN M.
82 Street Address (P.O. Box Number is Not Acceptable): POWERCERV TECHNOLOGIES CORPORATION
83 400 N. ASHLEY DRIVE, SUITE 2700
84 City: TAMPA FL 85 Zip Code: 33602

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: [signature] STEPHEN M. WAGMAN 6/13/96
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROSS, HAROLD 400 N. ASHLEY DR., #1910 TAMPA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/C ROSS, HAROLD 400 N. ASHLEY DR., SUITE 2700 TAMPA, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FRATELLO, MARC 400 N. ASHLEY DR., #1910 TAMPA FL 33602	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P FRATELLO, MARC 400 N. ASHLEY DR., SUITE 2700 TAMPA, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CRIPPEN, ROY 400 N. ASHLEY DR., #1910 TAMPA FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V CRIPPEN, ROY 400 N. ASHLEY DR., SUITE 2700 TAMPA, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T WICKER, GERALD 400 N. ASHLEY DR., SUITE 2700 TAMPA, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S WAGMAN, STEPHEN 400 N. ASHLEY DR., SUITE 2700 TAMPA, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] June 13, 1996 813 226 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #