


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

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V65198**  
 1. Corporation Name  
**ABN SOFTWARE, INC.**

Principal Place of Business	Mailing Address
<b>3396 PICKWICK DRIVE SOUTH JACKSONVILLE, FL 32257</b>	<b>3396 PICKWICK DRIVE SOUTH JACKSONVILLE, FL 32257</b>

21. Principal Place of Business	22. Mailing Address
22. Suite, Apt. #, etc.	23. Suite, Apt. #, etc.
23. City & State	24. City & State
24. Zip	25. Country
25. Zip	26. Country

3. Date Incorporated or Qualified <b>09/18/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3148182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**VOSTEEN, JAMES B**  
**3396 PICKWICK DRIVE SOUTH**  
**JACKSONVILLE, FL 32257**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
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	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
PD	VOSTEEN, JAMES B.	3396 PICKWICK DRIVE SOUTH	JACKSONVILLE, FL 32257	
SD	VOSTEEN, GERTRUDE T	3396 PICKWICK DRIVE SOUTH	JACKSONVILLE, FL 32257	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**900002138389**  
**-04/09/97--01115--035**  
**\*\*\*165.00**

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. 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: **x** *James B. Vosteen* **James B. Vosteen** **3/31/97** **904-739-2164**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)