

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

FILED
Apr 18 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 # 493070 (7)

1. Corporation Name
CHAMPS SOFTWARE, INC.

Principal Place of Business

1255 N VANTAGE PT DR
CRYSTAL RIVER FL 34429
US

Mailing Address

P.O. BOX 2600
CRYSTAL RIVER FL 34423-2600
US

3. Date Incorporated or Qualified 12/23/1975	3a. Date of Last Report 06/14/1996
4. FEI Number 59-1640108	Applied For Not Applicable
5. Certificate of Status Desired ☒ X	\$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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BARNES, G. MAX
10113 KIMBROUGH DRIVE
BROOKSVILLE FL 34801

10. Name and Address of New Registered Agent

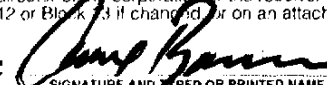
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST BARNES, G. MAX 10113 KIMBROUGH DRIVE BROOKSVILLE FL	1.1 TITLE	☐ Change ☐ Addition
NAME	D PORTER, EARL 2976 VIAJE PAVO REAL SANTA FE NM	1.2 NAME	
STREET ADDRESS	PD PATEL, CHANDRA 1875 CROOKED BRANCH ROAD LECANTO FL	1.3 STREET ADDRESS	
CITY - ST - ZIP	D BERESFORD, UNDA 8811 PACF.COAST HWY 112 LAGUNA BCH CA	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	VPBD SHUKLA, NITIN 7460 W GOLFCLUB ST CRYSTAL RIVER FL	2.1 TITLE	☐ Change ☐ Addition
NAME	D POUPART, TERRENCE 2186 NORTH INWOOD TERRACE CRYSTAL RIVER FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ 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:  G. MAX BARNES 4/11/97 (352) 795-2362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)