

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F87547** (8)

1. Corporation Name

FINANCIAL SOFTWARE SYSTEMS, INC.



Principal Place of Business

Mailing Address

**LAMONT AND NEIMAN, PA
1 BISCAYNE TOWER STE 3550, 2 S BISCAYNE
MIAMI FL 33131
US**

**LAMONT AND NEIMAN PA
1 BISCAYNE TOWER STE 3550, 2 S BISCAYNE
MIAMI FL 33131
US**

3. Date Incorporated or Qualified

06/11/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **FINANCIAL SOFTWARE SYSTEMS** 26 **FINANCIAL SOFTWARE SYSTEMS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **12320 SW 99 AVENUE**

27 **12320 SW 99 AVENUE**

City & State

City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

Zip

Country

Zip

Country

24 **33176-4916**

25 **USA**

29 **33176-4916**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMONT & NEIMAN PA
1 BISCAYNE TOWER, STE 3550, 2 BISCAYNE
MIAMI FL 33131**

81 Name

RICHARD E. METTAM

82 Street Address (P.O. Box Number is Not Acceptable)

12320 SW 99 AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33176-4916

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

Richard E. Mettam
Signature, typed or printed name of registered agent and title if applicable.

RICHARD E. METTAM

4/18/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **METTAM, CAROL T**
STREET ADDRESS **12320 SW 99 AVE.**
CITY-STATE-ZIP **MIAMI FL**

1.1 TITLE **TVD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **SVD** ☐ DELETE
NAME **METTAM, RICHARD E**
STREET ADDRESS **12320 SW 99 AVE.**
CITY-STATE-ZIP **MIAMI FL**

2.1 TITLE **P S D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

Richard E. Mettam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (305) 255-9924

Date

Daytime Phone #

CR2E034 (12/95)