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Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F92000000705 (5)  
1. Corporation Name  
SYSTEMS SOFTWARE STANDARDS, LTD. INCORPORATED



Principal Place of Business  
600 LYNNHAVEN PKWY. STE 216  
VIRGINIA BEACH VA 23451-7319  
US

Mailing Address  
600 LYNNHAVEN PKWY.  
SUITE 216  
VIRGINIA BEACH VA 23452-7319  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2387 Court Plaza Dr.	26	2387 Court Plaza Dr.	12/15/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 200		27 Suite 200		54-1303938	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 VA Beach VA		28 VA Beach VA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 23456	Country	29 23456	Country		
25 USA		30 USA			

9. Name and Address of Current Registered Agent

TROCHE, JOSE L  
70 BELLAIRE DRIVE  
PALM COAST FL 32037

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	
NAME	DOUGHERTY, MICHAEL	1.2 NAME	
STREET ADDRESS	631 LYNN SHORES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VA BEACH BA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	PATTI VAN BUREN	2.2 NAME	
STREET ADDRESS	2148 SOUTHEROSS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BCH VA	2.4 CITY-ST-ZIP	
TITLE	CP	3.1 TITLE	
NAME	CASANOVA, WILLIAM	3.2 NAME	
STREET ADDRESS	2508 ESCORIAL CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	VA BEACH VA	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	
NAME	CASANOVA, ALMA	4.2 NAME	
STREET ADDRESS	2508 ESCORIAL CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	VA BEACH VA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Patti Van Buren

3/11/98

757-321-8000

CR2E034 (10/97)