

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90007 047 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

Principal Place of Business

2387 CT PLAZA DR
SUITE 200
VA BEACH VA 23456
US

Mailing Address

2387 CT PLAZA DR
SUITE 200
VA BEACH VA 23456
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1992

4. FEI Number

54-1303938

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 owes the current year
Intangible Personal Property.**

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

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

FL

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

TITLE V ☒ DELETE

NAME DOUGHERTY, MICHAEL
STREET ADDRESS 631 LYNN SHORES DRIVE
CITY-ST-ZIP VA BEACH BA

TITLE VP ☒ DELETE

NAME PATTI VAN BUREN
STREET ADDRESS 2148 SOUTHEROSS DR
CITY-ST-ZIP VIRGINIA BCH VA

TITLE CP ☐ DELETE

NAME CASANOVA, WILLIAM
STREET ADDRESS 2508 ESCORIAL CT
CITY-ST-ZIP VA BEACH VA

TITLE DST ☐ DELETE

NAME CASANOVA, ALMA
STREET ADDRESS 2508 ESCORIAL CT
CITY-ST-ZIP VA BEACH VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VP

MARTIN, ROBERT

2417 THREE OAKS DRIVE

VIRGINIA BEACH, VA 23456

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED: WILLIAM CASANOVA

2/27/99

(757) 321-8000

CR2E034 (5/99)