

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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001386 (9)**

1. Corporation Name  
**ZACHARY SOFTWARE, INC.**



Principal Place of Business <b>106 ACCESS ROAD NORWOOD MA 02062</b>	Mailing Address <b>106 ACCESS ROAD NORWOOD MA 02062-5282</b>
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2. Principal Place of Business 21 <b>1090 KAPP DRIVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1090 KAPP DRIVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/19/1996</b>		3a. Date of Last Report	
22 City & State <b>CLEARWATER, FL</b>		27 City & State <b>CLEARWATER, FL</b>		4. FEI Number <b>04-3118978</b>		Applied For <input type="checkbox"/> Not Applicable	
23 Zip <b>34625</b>		28 Zip <b>34625</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
24 Country <b>USA</b>		29 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ROBERT L. SHEAR, P.A.**  
**2800 MCCORMICK DR., #230**  
**CLEARWATER FL 34619**

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	<b>FL</b>

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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>FLYNN, SCOTT T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLYNN, SCOTT T</b>		1.2 NAME	
STREET ADDRESS <b>1540 GULF BLVD., #1103</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>CLEARWATER FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOZOIS JR, LEONARD A</b>		2.2 NAME	
STREET ADDRESS <b>3443 HYDE PARK DRIVE</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>CLEARWATER FL</b>		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97

Date

(83298-1181

Daytime Phone #

CR2E034 (9/96)