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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

1-15-97

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # F96000006068 (8)

SOUTHHALL SOFTWARE CORPORATION

Principal Place of Business Mailing Address							io onni sano dia	
101 SOUTHHALL LANE, SUITE 400 MAITLAND FL 32751		101 SOUTHHALL LANE, SUITE 400 MAITLAND FL 32751-7243						
						3. Date Incorporated or Qualified 3a. I	Date of Last R	leport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 3420253	Ar	oplied For
21		26			n	59-340000		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State		City & State				0.51		equired
23		28				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Added	May Be
Zip	Country	Zip	Country	,		8. This corporation has liability for intangib		
24	25	29	30				No.	. 100.000
	9. Name and Address of Current	Registered Agent		,		10. Name and Address of New Registered	Agent	
TAR\	/er, dora		81	1	Name			
101 SOUTHHALL LANE, SUITE 400			82	82 Street Address (P.O. Box Number is Not Acceptable)				
MATT	LAND FL 32751		<u> </u>	<u> </u>				
			83	1				
			84	1	City		<b>85</b> Zip	Code
11 Purcuent	to the provisions of Sections 607.0503	and CO7 1EO9 Florida Statuto	s the about	1_	named one	F	i	la registered
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								,
12.	Signature, typiod or printed name of registered again  OFFICERS AND	·	Hegistered Age	ent s	signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIBECTOR	25 IN 12
TOTLE	PVST	DELETE	1.1 TOLE			TABLE TO STATE TO	Change	Addition
NAME	TARVER, DORA		1.2 NAME					
STREET ADDRESS	380 S. STATE RD. 434, SUITE	1004-283	13 STREET	1 AD	DDRESS			
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 3271</b>		1.4 CHY-S	ST - 7	7IP			
TITLE	CVCD	DELETE	2.1 TITLE				☐ Change	Addition
NAME	TARVER, DORA		2.2 NAME					
STREET ADDRESS	380 S. STATE RD. 434, SUITE		2.3 STREET	T AD	DORESS			
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 3271</b>		2 4 CITY - 1	\$1	ZIP			
TITLE		L] DELETE	3.1 TITLE				L. Change	Addition
NAME			3.2 NAME			· · · · · · · · · · · · · · · · · · ·		İ
STREET ADDRESS			3.3 STREFT					
CITY-ST-ZIP TITLE		DELETE	3 4. CITY - 1 4 1 TITLE	S1	ZIP		Change	Addition
NAME		Lad Office	4.2 NAME				☐ change	L Addition
STREET ADDRESS			4.3 STREET		nngree			
CITY-ST-ZIP			4.3 STREET					
TITLE		DELETE	5.1 TITLE	31-2			Change	Addition
NAME			5.2 NAME		ĺ			
STREET ADDRESS			5.3 STREET	LAD	ODRESS			
CITY-ST-ZIP			5.4 CITY - S					
TITLE		DELETE	61 MILE				Change	Addition
NAME			62 NAME					
STREET ADDRESS			63 STREET	I AD	DRESS			
CITY-ST-ZIP			64 CHY-S					
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 eath; 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 it chapted, or on an attachment with an address.								