
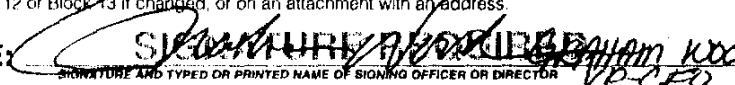


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006209 (8) 1. Corporation Name SOFTWARE SOLUTIONS INCORPORATED (GEORGIA)					
Principal Place of Business 3425 CORPORATE WAY. #B DULUTH GA 30136		Mailing Address 3425 CORPORATE WAY. #B DULUTH GA 30136-2579			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/27/1996 3a. Date of Last Report 4. FEI Number 58-1349915 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Name and Address of Current Registered Agent SOLOMON, JESS 2907 BAY TO BAY BLVD., #211 TAMPA FL 33629			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2907 BAY TO BAY BLVD., #104 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PDC	<input type="checkbox"/> DELETE			
NAME	SOLOMON, JESS				
STREET ADDRESS	3425 CORPORATE WAY, #B				
CITY-ST-ZIP	DULUTH GA 30136				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	RUSSELL, ROBERT				
STREET ADDRESS	3425 CORPORATE WAY, #B				
CITY-ST-ZIP	DULUTH GA 30136				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	KEGEL, JUDI				
STREET ADDRESS	3425 CORPORATE WAY, #B				
CITY-ST-ZIP	DULUTH GA 30136				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PRICE, JOSEPH				
STREET ADDRESS	3425 CORPORATE WAY, #B				
CITY-ST-ZIP	DULUTH GA 30136				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KOHLSDORF, MICHAEL				
STREET ADDRESS	3425 CORPORATE WAY, #B				
CITY-ST-ZIP	DULUTH GA 30136				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	BARBARA JOHNSON				
4.3 STREET ADDRESS	3425 CORPORATE WAY, #B				
4.4 CITY-ST-ZIP	DULUTH, GA 30136				
5.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	RANDY JOHNSON				
5.3 STREET ADDRESS	3425 CORPORATE WAY, #B				
5.4 CITY-ST-ZIP	DULUTH, GA 30136				
6.1 TITLE	VICE PRESIDENT, CFO, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	WOOD, GRAHAM				
6.3 STREET ADDRESS	3425 CORPORATE WAY, #B				
6.4 CITY-ST-ZIP	DULUTH GA 30136				
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:  5/1/97 770-418 2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP-CFO Daytime Phone # 0011362					

CR2E034 (9/96)