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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600006209 (8)

SOFTWARE SOLUTIONS INCORPORATED (GEORGIA)

Principal Place of Business

3425 CORPORATE WAY. #B

Mailing Address

3425 CORPORATE WAY. #B DUILITH GA 30136

## FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

DOCUTH ON SUISE		DOLUTH GA 30130				DO NOT WRITE IN THIS SPACE						
					3	. Date Inco	orporated o	r Qualified		- ,	<del>-</del>	
						11/27/						
	ace of Business	2a. Mailing Address			4	4. FEI Number				<del></del>	plied For	
21		26				58-1349915				Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certificate	e of Status	Desired			Additional equired	
City & State	3	City & State			- 6	. Election C	Campaign F	inancing	\$	5.00	May Be	
23		28					d Contribut				to Fees	
Zip_	Country	29 3009b	Coun	try	8	•		es or has paid the			_ ~	
24 300	9. Name and Address of Current		30					ax due June 30.  of New Register	Yes		No	
	<del></del>	Hegistered Agent		Nam		, Name an	O Address	OI IVEW HEDISTEI	ed Ageni			
	LOMON, JESS		[	T I I I I	IG.							
	7 BAY TO BAY BLVD		B2 Street Add			P.O. Box N	umber is N	ot Acceptable)				
#1(				13								
IAI	MPA FL 33629											
				City				F	85	Zip	Code	
11. Pursuant t	to the provisions of Sections 607 0502	and 607.1508, Florida Statul	les, the abi	ve-name	ed corporati	on submits	this statem	ent for the purpos	e of chan	ging it	s registered	
<b>office</b> or re <b>age</b> nt. I ar	<b>egiste</b> red agent, or both, in the State c m familiar with, and accept the obligat	of Florida, Such change was ions of, Section 607.0505, Fl	authorized orida Statu	by the c tes.	orporation's	board of di	rectors. I h	ereby accept the	appointm	ent as	registered	
SIGNATURE	Signature typical or printed harms of registered agent	and title diapplicable (NOI	t : Registered	Agent signa	ture required whe	en reinstating)		DAT	F			
12,	OFFICERS AND		13.				S/CHANGE	S TO OFFICERS	AND DIRE	CTOF	IS IN 12	
TITLE	PDC	DELETE	1.1 HTL	E					<b>X</b> 0	hange	Addition	
NAME	SOLOMON, JESS		1.2 NAN	1E								
STREET ADDRESS	3425 CORPORATE WAY, #B		1.3 STR	EE1 ADDRES	ss							
CITY-ST-ZIP	DULUTH GA 30136		1.4 CITY	-ST-ZIP	DU	LUH	_ GA	30096	•			
TITLE	V	☐ DELETE	2.1 TITL	E	7		,		<b>X</b> -0	hange	Addition	
NAME	Russell, Robert		2.2 NAN	l <del>f</del>								
STREET ADDRESS	3425 CORPORATE WAY, #B		2 3 S1R	eet addres	is			ь .				
CITY-ST-ZIP	DULUTH GA 30136		2 4 CIT	Y-ST-ZIP	DOF	UTH.	GA	30096				
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NAME	WOOD, GRAHAM		3 2 NAM	IE								
STREET ADDRESS	3425 CORPORATE WAY, #B		3.3 STR	EFT ADDRES		. 4		<b>n</b>				
CITY-ST-ZIP	DULUTH GA	····		r-ST-ZIP	DOI	<u>, 470,</u>	GA	30096				
TITLE	VP	<b>⊠</b> DEL€TE	4.1 TITE		1	•			□ c	hange	Addition	
NAME	JOHNSON, BARBARA		4. 2 NAI									
STREET ADDRESS	3425 CORPORATE WAY, #B		4.3 SIR	EET ADDRES	ss							
CITY+ST-ZIP	DULUTH GA		_	- \$1 - ZIP			P.F				7-1.	
TITLE	VP	<b>™</b> DELETE	5.1 TITE							nange	Addition	
NAME	JOHNSON, RANDY		5.2 NAN									
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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 change if or on an attachment with an address.

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