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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:24

DOCUMENT # **H12404** **(0)**

1. Corporation Name
SOFTWARE PRODUCTIVITY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
% PETER B. DYSON 122 NORTH 4TH AVENUE INDIALANTIC FL 32903	% PETER B. DYSON 122 NORTH 4TH AVENUE INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 122 4th Avenue	2a. Mailing Address 26 122 4th Avenue	4. FEI Number 59-2440972	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Indialantic FL	City & State 28 Indialantic FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32903 / 25	Zip / Country 29 32903 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No	

9. Name and Address of Current Registered Agent

DYSON, PETER B.
122 4TH AVE
INDIALANTIC FL 32903

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☒ Change ☐ Addition
NAME	COMER, EDWARD R.	12 NAME	Comer, Edward R.
STREET ADDRESS	1484 PAUL STREET	13 STREET ADDRESS	1032 Chesterfield Circle
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	DVTS	21 TITLE	DPT ☒ Change ☐ Addition
NAME	DYSON, PETER B.	22 NAME	Dyson, Peter B.
STREET ADDRESS	960 GOLDEN BCH BLVD	23 STREET ADDRESS	960 Golden Beach Blvd.
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	24 CITY-ST-ZIP	Indian Harbour Beach, FL 32937
TITLE	DV	31 TITLE	☒ Change ☐ Addition
NAME	FOX, RICHARD O.	32 NAME	Delete
STREET ADDRESS	1364 CAMPBELL STREET	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	VALLEY, LOIS W.	42 NAME	Delete
STREET ADDRESS	1350 GARWOOD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	VS ☒ Change ☐ Addition
NAME	RUDMIK, ANDRES	52 NAME	Rudmik, Andres
STREET ADDRESS	108 CAT CAY LANE	53 STREET ADDRESS	108 Cat Cay Lane
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	54 CITY-ST-ZIP	Indian Harbour Beach, FL 32937
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MICHAELS, ROBERT K., JR.	62 NAME	
STREET ADDRESS	1861 CEDAR GLENN DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Peter B. Dyson 2/3/95 (407) 984-3370
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0087067 CP