FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0) DOCUMENT # Corporation Name SOFTWARE PRODUCTIVITY SOLUTIONS, INC. Mailing Address Principal Place of Business 122 4TH AVENUE 122 4TH AVENUE INDIALANTIC FL 32903 122 NORTH 4TH AVENUE INDIATLANTIC FL 32903 3a. Date of Last Report 3. Date Incorporated or Qualified 04/13/1995 07/17/1984 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 122 4th 59-2440972 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Indialantic Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Ζ_Ip 32903 X Yes □ No Fiorida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DYSON, PETER B. Street Address (P.O. Box Number is Not Acceptable) 82 **122 4TH AVE** 83 INDIALANTIC FL 32903 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE Segreture, typical or prented manie of require extraperd and the it applicable (NOTE: Payable 1 Age of signal are rec-CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 THILE TITLE COMER, EDWARD R. 1.2 NAME NAME 1032 CHESTERFIELD CIRCLE STREET ADDRESS 13 STREET ADDRESS WINTER SPRINGS FL 1.4 C:TY - \$1 - Z:P DITY-ST-ZIP DPT DELETE Change Addition 2 1 TITLE THILE DYSON, PETER B, 2.2 NAME NAME 122 Fourth Avenue Indialantic, FL 32903 960 GOLDEN BCH BLVD 2.3 STREET ADORESS STREET ADDRESS INDIAN HARBOUR BCH FL 2.4 CITY - ST - 21F CITY - ST - ZIP Change Add tion DELETE TITLE 3 1 Tillut RUDMIK, ANDRES 3.2 NAME NAME **108 CAT CAY LANE** 3.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOUR BCH FL 3 4 CH1Y - ST - ZIP CITY-ST-ZIP □ DELETE Change : Addition 4 1] ILE TITLE MICHAELS, ROBERT K., JR. 4.2 NAME NAME **1861 CEDAR GLENN DRIVE** 4.3 STREET ADDRESS STREET ADDRESS APOPKA FL CITY - ST - ZIP 44 CITY - ST - ZIP DELETE ☐ Change Addition 5 1 TIFLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7/P CITY-ST-ZIF DELETE Change Addition 6.1.1011.5 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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)(k). 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 early that I am an officer or director of the comparation 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 ittachment with an address

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Peter B. Dyson 04/29/94 407-984-3370