

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H12404** (0)
1. Corporation Name
SOFTWARE PRODUCTIVITY SOLUTIONS, INC.



Principal Place of Business 122 4TH AVENUE INDIALANTIC FL 32903 US	Mailing Address 122 4TH AVE 122 NORTH 4TH AVENUE INDIALANTIC FL 32903-3112 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 122 4th Avenue 27 Suite, Apt. #, etc. 28 Indialantic, FL 29 32903 Country 30 U.S.	3. Date Incorporated or Qualified 07/17/1984	3a. Date of Last Report 05/01/1996	4. FEI Number 59-2440972	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

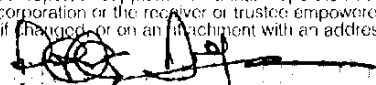
9. Name and Address of Current Registered Agent DYSON, PETER B. 122 4TH AVE INDIALANTIC FL 32903	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the 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 _____ Signature: typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COMER, EDWARD R.	1.2 NAME	
STREET ADDRESS	1032 CHESTERFIELD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DPT ☐ DELETE	2.1 TITLE	CPT ☒ Change ☐ Addition
NAME	DYSON, PETER B.	2.2 NAME	
STREET ADDRESS	4TH AVE	2.3 STREET ADDRESS	122 Fourth Avenue
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	VS ☐ DELETE	3.1 TITLE	DVS ☒ Change ☐ Addition
NAME	RUDMIK, ANDRES	3.2 NAME	
STREET ADDRESS	108 CAT CAY LANE	3.3 STREET ADDRESS	Indian Harbour Beach, FL 32937
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MICHAELS, ROBERT K., JR.	4.2 NAME	
STREET ADDRESS	1881 CEDAR GLENN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	DV ☐ Change ☒ Addition
NAME		5.2 NAME	Boyd, Stowe
STREET ADDRESS		5.3 STREET ADDRESS	11145 Longwood Grove Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Reston, VA 20194
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **Peter B. Dyson 03/10/97 407-984-3370**

CR2E034 (9/96)