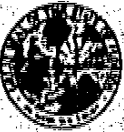


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H61927 (0)			
1. Corporation Name SOFT SOLUTIONS OF CENTRAL FLORIDA, INC.			
Principal Place of Business 888 PINE TREE COURT DELAND FL 32724		Mailing Address 888 PINE TREE COURT DELAND FL 32724	
2. Principal Place of Business 21		2a. Mailing Address 26 P. O. Box 540086	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28 ORLANDO, FLORIDA	
Zip 24		Country 29 32854	
Country 25		Country 30 USA	
9. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32014		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DP	Change Addition	
NAME	HELIN, MONTY L.		
STREET ADDRESS	171 GULF CLUB DR.		
CITY - ST - ZIP	LONGWOOD FL		
TITLE	DST	Change Addition	
NAME	CHADWICK, LINDA S.		
STREET ADDRESS	1027 WENTROP LANE		
CITY - ST - ZIP	ORLANDO FL		
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		Change Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		Change Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		Change Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 110.07(3)(b), 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 in an attachment with an address.			
SIGNATURE: <u>Monty L. Helin</u>		7/12/95 (407) 843-8992	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date (Type or Print)	