

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

APPROVED
AND
FILED

95 MAR 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J94159 (7)

1. Corporation Name

RETAIL SOFTWARE SOLUTIONS, INC.

Principal Place of Business

591 CALIBRE CREST PKWY.
#105
ALTAMONTE SPRINGS FL 32714

Mailing Address

591-105 CALIBRE CREST PKWY.
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1987

3a. Date of Last Report

08/03/1994

4. FEI Number

59-2848465

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

2. Principal Place of Business

21 2220 Catbriar Way

Suite, Apt. #, etc.

22 City & State
Oviedo, Florida

24 Zip
32765

25 Country
Semnole

2a. Mailing Address

26 2220 Catbriar Way

Suite, Apt. #, etc.

27 City & State
Oviedo FLORIDA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FLANIGAN, JOSEPH R.
591-105 CALIBRE CREST PKWY.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2220 Catbriar Way

83

84 City
Oviedo, Florida

FL

85 Zip Code

32765

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 if applicable.

(NOTE: Registered Agent signature required when nonattesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLANIGAN, JOSEPH R.
STREET ADDRESS 591-105 CALIBRE CREST PKWY.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D
NAME PIKE, PATRICIA A.
STREET ADDRESS 240 QUAIL FOREST BLVD., #210
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

2220 Catbriar Way
Oviedo, Florida

32765

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2220 Catbriar Way
Oviedo, Florida

32765

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Joseph R. Flanigan

Joseph R. Flanigan

3/16/95

(617) 523-9679

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number