SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

APPROVED AND FILED
1997 NOV 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K06114 (8)

1. Corporation Name
SOFTWARE ENGINEERING TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
2770 INDIAN RIVER BLVD 311 VERO BEACH FL 32960 US	2770 INDIAN RIVER BLVD 311 VERO BEACH FL 32960 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 04/26/1996
4. FEI Number: 65-0021880 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5516 LONAS RD	26 5516 LONAS RD.
Suite, Apt. #, etc. 22 SUITE 110	Suite, Apt. #, etc. 27 SUITE 110
City & State 23 KNOXVILLE, TN	City & State 28 KNOXVILLE, TN
Zip 24 37909 Country 25 KNOX	Zip 29 37909 Country 30 KNOX

9. Name and Address of Current Registered Agent

SMITH, SHERMAN N III
SMITH AND SMITH, CITRUS FINANCIAL CTR.
1717 INDIAN RIVER BLVD., SUITE 301
VERO BEACH FL 32960

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: Sherman N Smith, III (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 11-5-97

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BECKHARDT, ARNOLD R. 2770 INDIAN RIVER BLVD VERO BCH. FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBT POORE, JESSE H ~~2200 SUTHERLAND AVE 304~~ ~~KNOXVILLE TN~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALTON, GWENDOLYN H ~~2770 INDIAN RIVER BLVD~~ ~~VERO BEACH FL~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP ~~ARA~~ KOUCHAKDJIAN, ARA 1620 L STREET, NW, SUITE 875 WASHINGTON, DC 20036	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	COBT POORE, JESSE H. 5516 LONAS ROAD SUITE 110 KNOXVILLE, TN 37909	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P WALTON, GWENDOLYN H 5516 LONAS RD, SUITE 110 KNOXVILLE, TN 37909	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400002348124--1 -11/14/97--01109--017 ****750.00 ****750.00	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	**REINSTATEMENT**	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/97)

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: Gwendolyn H Walton, President Gwendolyn H Walton 10/31/97 423-450-5151
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone # 0113374