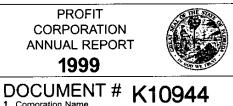
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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90060 014 ***150.00

SHEPHE	RD SOFTWARE, INC.													
Principal Place	e of Business	Ma	ailing Address	_				1101						0() DIBII (0)
P O BOX 7415			P O BOX 7415											
TALLAHASSEE FL 32314-4415			TALLAHASSEE FL 32314-4415					DO NOT WRITE IN THIS SPACE						
							ŀ	3. Date Inc.			-	110 01 70		
							-	01/06/		• •	_			į
2. Principal Pl	ace of Business	2a.	Mailing Address			-		4. FEI Num					App	lied For
11		26	⊢ ¬					NOT APPLICABLE No			Not	Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired 38.75 Ac						
2		27	27					J. Certificat				F	ee Rec	uired
City & State			-Cily & State				-	-6:-Election:			9	_		vlay Be ──
23		28							nd Contrib				dded to	Fees
Zip	Country	<u> </u>	Zip		untry			8. This corp			irrent year	ntangible≀ Ye∐		⊒No I
4	25	Current Basis		30	1			10. Name a	Property		Register			
	9. Name and Address of	Current Regis	itereu Agent		81	Name		TO. Harrie a	ila Addite	55 01 11011	ttogioto.	<u> </u>		
H00	IVER, JOHN W.													
327 OFFICE PLAZA					82 Street Addre			s (P.O. Box N	Number is	Not Accep	otable)			
	AHASSEE FL 32301				83									
													·	
					84	City					F	EL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 6	607.0502 and 6	07.1508, Florida State	utes, the a	bove	e-named	corpora	ation submits	this state	ment for th	e purpose	of changi	ing its r	egistered
office or re agent. I as	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	e State of Floric e obligations of,	da. Such change was , Section 607.0505, F	authorize Iorida Sta	d by tutes.	the corpe	oration's	s board of dir	this state ectors. I t	ment for the	e purpose ept the ap	pointment	ing its r as reg	egistered istered
office or re agent. I as	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of regis	e State of Floric e obligations of, stered agent and title	da. Such change was , Section 607.0505, F	authorize Iorida Sta	d by tutes.	the corpe	oration's	s board of dir	ectors. 1 r	ment for thereby according	DATE	pointment	as reg	istered .
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14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Hoover

1671-4180