

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

FILED

May 14 1997 8:00am  
Secretary of State



PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # L66669

(7)

1. Corporation Name  
THE SOFTWARE SMITH, INC.

Principal Place of Business

% ROBERT D. SMITH  
479 CIDERMILL PLACE  
LAKE MARY FL 32746

Mailing Address

% ROBERT D. SMITH  
479 CIDERMILL PLACE  
LAKE MARY FL 32746-3732



2. Principal Place of Business

21 644 Stonfield Loop

Suite, Apt. #, etc.

22 City & State

23 Heathrow, FL

24 32746

25 USA

2a. Mailing Address

26 644 Stonfield Loop

Suite, Apt. #, etc.

27 City & State

28 Heathrow, FL

29 32746

30 USA

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

04/25/1996

4. FEI Number

58-3006569

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

SMITH, ROBERT D.  
479 CIDERMILL PL  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name Smith, Robert D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
644 Stonfield Loop  
83  
84 City Heathrow FL 85 Zip Code 32746

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LISA M.	
STREET ADDRESS	479 CIDERMILL PL	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT D.	
STREET ADDRESS	479 CIDERMILL PL	
CITY - ST - ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Smith, Lisa M.	
1.3 STREET ADDRESS	644 Stonfield Loop	
1.4 CITY - ST - ZIP	Heathrow, FL 32746	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Robert D.	
2.3 STREET ADDRESS	644 Stonfield Loop	
2.4 CITY - ST - ZIP	Heathrow, FL 32746	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Robert D. Smith

4/25/97

407-323-3807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #