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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000005233 (1)

1. Corporation Name
SOFTWARE RESOURCES, INC.



Principal Place of Business: 1110 DOUGLAS AVE, STE 1010, ALTAMONTE SPRGS FL 32714, US
Mailing Address: 1110 DOUGLAS AVE, STE 1020, ALTAMONTE SPRGS FL 32714-2004, US

3. Date Incorporated or Qualified 11/17/1992	3a. Date of Last Report 02/09/1996
4. FEI Number 59-3150786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 195 Wekiva Springs Suite, Apt. #, etc. 22 214 City & State 23 Longwood FL Zip 24 32779	2a. Mailing Address 26 195 Wekiva Springs Suite, Apt. #, etc. 27 214 City & State 28 Longwood FL Zip 29 32779	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent GIAIMO, TAMARA L 186 WINDING OAKS LN OVIEDO FL 32765	10. Name and Address of New Registered Agent 81 Name TAMARA L GIAIMO 82 Street Address (P.O. Box Number is Not Acceptable) 83 305 Greenshire Ct 84 City Longwood FL 85 Zip Code 32779
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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: *Tamara L. Giaimo* (typed or printed name of registered agent and title if applicable) TAMARA L. Giaimo President 1/18/97 (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GIAIMO, TAMARA L	1.2 NAME	TAMARA L GIAIMO
STREET ADDRESS	186 WINDING OAKS LN	1.3 STREET ADDRESS	305 Greenshire Ct
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	Longwood FL 32779
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE: *Tamara L. Giaimo* (typed or printed name of signing officer or director) TAMARA L. GIAIMO 1/18/97 (813) 8033 (Date) DAYTIME PHONE #

CR2E034 (9/96)