

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:14

DOCUMENT # **P93000056065 (4)**

1. Corporation Name

**CONSTRUCTION SOFTWARE SOLUTIONS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4620 N. MANHATTAN AVE. TAMPA FL 33614	4620 N. MANHATTAN AVE. TAMPA FL 33614

3. Date Incorporated or Qualified <b>08/06/1983</b>	3a. Date of Last Report <b>07/28/1994</b>
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2. Principal Place of Business	2a. Mailing Address
21. <b>29605 US 19 N</b>	20. <b>29605 US 19 N</b>
State, Apt. #, etc. 22. <b>360</b>	State, Apt. #, etc. 27. <b>360</b>
City & State 23. <b>Clearwater FL</b>	City & State 28. <b>Clearwater FL</b>
Zip 24. <b>34621</b>	Zip 29. <b>34621</b>
Country 25. <b>FL</b>	Country 30. <b>FL</b>

4. FEI Number <b>59-3196578</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> 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

9. Name and Address of Current Registered Agent

**BOGEL, EDUARD**  
**3546 LAKE HIGHLAND DR.**  
**PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent


81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOGEL, EDUARD</b>	12. NAME	
STREET ADDRESS	<b>3546 LAKE HIGHLAND DR.</b>	13. STREET ADDRESS	
CITY, ST., ZIP	<b>PALM HARBOR FL</b>	14. CITY, ST., ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST., ZIP		24. CITY, ST., ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST., ZIP		34. CITY, ST., ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST., ZIP		44. CITY, ST., ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST., ZIP		54. CITY, ST., ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST., ZIP		64. CITY, ST., ZIP	

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(1)(a), 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. 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 thereto.

SIGNATURE:  **4/30/95** **813 787 7979**  
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR (Date) (Phone Area)