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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000063718 (9)

1. Corporation Name

WINTER PARK SOFTWARE, INC.

Principal Place of Business

1461 ONECO AVENUE
WINTER PARK FL 32789

Mailing Address

PO BOX 2252
WINTER PARK FL 32780-2252
US

FILED
Mar 20 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. # 00

26 Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

COTTRELL, DOUGLAS K
1461 ONECO AVENUE
WINTER PARK FL 32789

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

Douglas K Cottrell

3/14/97

Signature typed or printed in a legible form and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	D COTTRELL, DOUGLAS K 1461 ONECO AVENUE WINTER PARK FL 32789	13.1	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
12.2		13.2	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
12.3		13.3	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
12.4		13.4	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
12.5		13.5	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
12.6		13.6	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
<p>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</p>			
<p>SIGNATURE:</p> <p>Douglas K Cottrell</p>		<p>Date: 3/14/97</p> <p>Daytime Phone # 407-332-9063</p>	
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			

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