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Feb 07 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 # P93000071345 (1)

1. Corporation Name

OPEN SYSTEMS SOLUTIONS, INC.



Principal Place of Business

15950 BAY VISTA DRIVE
SUITE 235
CLEARWATER FL 34620
US

Mailing Address

15950 BAY VISTA DRIVE
SUITE 2035 235
CLEARWATER FL 34620-3119
US

3. Date Incorporated or Qualified

10/14/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3199991

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

HERTZBERG, TODD F
1013 MAGNOLIA DRIVE
CLEARWATER FL 34618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

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 certifies 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 type: [] Signature of registered agent [] Signature of officer or director [] Signature of registered agent (used when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	KOSCHESKI, BOBBY GLEN	
STREET ADDRESS	19930 GULF BLVD., UNIT 1B	
CITY - ST - ZIP	INDIAN SHORES FL	
TITLE	VDS	DELETE
NAME	ROSS, PAUL D	
STREET ADDRESS	2550 STAG RUN BLVD., #114	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	DELETE
NAME	SHEPPARD, J WADE	
STREET ADDRESS	2087 ATTACHE CT	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VDT	DELETE
NAME	CAUTHEN, KEITH A	
STREET ADDRESS	8345 MACOMA DR NE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	2763 ENTERPRISE ROAD EAST #77
2.4 CITY - ST - ZIP	CLEARWATER, FL 34619
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change 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:

J. Wade Sheppard EXECUTIVE VICE PRES 2-3-97 812-530-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)