

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **PA3000083969**
1. Corporation Name
SANDPIPER SOFTWARE, INC.

Principal Place of Business: **950 SW 11TH TERRACE BOCA RATON, FL 33486**
Mailing Address: **950 SW 11TH TERRACE BOCA RATON, FL 33486**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	BOCA RATON, FL	26	BOCA RATON, FL	12/02/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
SAME AS BOX #1		SAME AS BOX #1		65-0462710	
City & State		City & State		5. Certificate of Status Desired	
BOCA RATON, FL		BOCA RATON, FL		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
33486		33486		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FURICK, ROBERT 950 SW 11TH TERRACE BOCA RATON, FL 33486				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 _____ (Signature of person named in registered address and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSP	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURICK, ROBERT		12 NAME				
STREET ADDRESS	950 SW 11TH TERRACE		13 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33486		14 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURICK, PAULA		22 NAME				
STREET ADDRESS	950 SW 11TH TERRACE		23 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33486		24 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	31 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		<input type="checkbox"/> DELETE	41 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		<input type="checkbox"/> DELETE	51 TITLE	2000024549012			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	-03/12/98--01017--019			
STREET ADDRESS			53 STREET ADDRESS	***158.75			
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 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 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 P Furick** Date: **2/28/98** Daytime Phone #: **425-402-6820**

CR2E034 (10/97)