SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400001717 (5)

TAMPA BAY SOFTWARE INC.

Maining Address



1189 LAZY LAI DUNEDIN FL 3		1189 LAZY LAKE RD W DUNEDIN FL 34698				
					3. Date Incorporated or Qualified 01/07/1994	3a. Date of Last Report 06/27/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 2596 Ridge LANE 26					59-3221139	Not Applicable
21 2596 Ridge Lane 26 Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 PA/M	11 1	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP 3468	34 25 Pine 1/95	Ζιρ 29	30 Count	ry	8. This corporation has fiability for in Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		_т	10. Name and Address of New Rec	lstered Agent
ANE	DERSON, JUDY		8	1 Name		
2596 RIDGE LANE PALM HARBOR FL 34684			8	Street Address (P.O. Box Number is Not Acceptable)		
			E			
			8	4 City		FL 85 Zip Code
office or re agent. Lan	o the provisions of Sections 607,0502 gistered agent, or both, in the State o n familiar with, and accept the obligat	f Florida. Such change was a	authorized t	y the corpora	poration submits this statement for the put tion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE ;	Signature Type Lor print, 1 halfs, of regellered agent	and the fanolicable (NO	III. Bagstered A	gent signature reg	ured when releastating)	EJATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	D£LETE	1.1 Tille			Change Additio
NAME	ANDERSON, JUDY		t 2 NAM	ŧ		
STREET ADDRESS	2596 RIDGE LANE		1.3 STRI	ET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY	· ST · ŽIP		
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NAME			2.2 NAV	٤		
STREET ADDRESS			2 3 STR	ET ADDRESS		
CITY-ST-ZIP			2 4 01	- ST- ZIP		
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NAMÉ			3.2 NAM	E		
STREET ADDRESS			335TR	ET ADDRESS		
CITY-ST-ZIP			34 01	(-ST-ZIP		
TITLE		DELETE	41111			Change Addition
NAME			4.2 NAI	AF		
STREET ADDRESS			43SI6	ET ADDRESS		
CiTY-ST-ZIP				-SI-ZIF		
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NAME			5.2 NAX	E		
STREET ADDRESS			53 STR	ET ADDRESS		
CITY-ST-ZIP			5.4.0(1)	-ST-ZIP		
TITLE		DELETE	61300			Change Addition
NAME		_	6.2 NAM	ie		
STREET ADDRESS			63 STB	EET ADDRESS		
CITY-ST-ZIF				-ST-ZIP		
011) - 31 · 2IF	w. partiful that the information cumpled	with this filma is adjustantly f			ialify for the exemption stated in Section 1	19.07(3)(a) Flooda Statutes 1

fruither certify that the information indicated on this annual report or supplienental 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _