

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Taylor
Secretary of State
CORPORATION OF FLORIDA/STATE

DOCUMENT # **P94000016905 (9)**

1. Corporation Name

LIGHT SOFTWARE SOLUTIONS, INC.

APPROVED
AND
FILED

MAY 1 1995 3:35

TAMPA, FLORIDA

Principal Place of Business

16409 CYPRESS WATER WAY
#404
TAMPA FL 33624

Mailing Address

16409 CYPRESS WATER WAY
#404
TAMPA FL 33624

(Do not write in this space)

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

State: Apt # etc.

2b. Mailing Address

26

State: Apt # etc.

4. FID Number

59-3155423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. Has corporation liability for intangible tax under § 199.03, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

BEGIAN, CHARLES H
16409 CYPRESS WATER WAY
#404
TAMPA FL 33624

10. Name and Address of New Registered Agent

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 607.02 and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered office, 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 requirements of Section 607.03, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

D

2. NAME

BEGIAN, CHARLES H

3. STREET ADDRESS

16409 CYPRESS WATER WAY, #404

4. CITY, STATE, ZIP

TAMPA FL 33624

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF 12

1. TITLE

Change

Addition

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

Change

Addition

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

Change

Addition

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

Change

Addition

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

Change

Addition

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

Change

Addition

14. I, the filer, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 199.03(6)(b), Florida Statutes. I further certify that the information contained 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 447, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Charles H. Begian as President CHARLES H. BEGIAN

4-29-95 (81) 9627578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR