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

PROFIT
 CORPORATION
 ANNUAL REPORT

1996



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

DOCUN 1. Corporation	MENT # P9400	0043423 (0)						
SOUTHERN SOFTWARE, INC.									
Principal Place	of Business	Mailing Address							
198 SW 6TH AVENUE		198 SW 6TH AVENUE							
BOCA RATOR		BOCA RATON FL 3348	6						
						3. Date Incorporated or Qualified 06/06/1994		e of Last R 2/10/199	
	ace of Rusiness	2a. Mailing Address				4. FEI Number 65-0510379		ļ	Applied For
21 Suite, Apt.	#. etc	Suite, Apt #, etc							Not Applicable 5 Additional
22	, , , ,	27				5. Certificate of Status Desired			Required
City & State	,	City & State				6. Election Campaign Financing Trust Fund Contribution			0 May Be ad to Fees
Ζφ 24	Country 25	Zip 29	Count	ry		8. This corporation has liability for in Florida Statutes Yes	ntang ble ti No	ax under s	199.032,
·	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered	Agent	
D40D40	ALBIAN BIOLIABO O EOO		8	1 1	Name				
BAGDASARIAN, RICHARD C ESQ 2424 NORTH FEDERAL HIGHWAY STE. 360			8	2	Street Addre	iss (P.O. Box Number is Not Acceptab	le)		
	ATON FL 33431	300	8	3					
			<u> </u>	4	City			85 Zi	ip Code
				1			FL	- .	
or register	ed agent, or both, in the State of Flori	da. Such change was authoriz	ed by the co	e-nar	med corpora ation's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of chointment as	anging its i 3 registerec	registered office d agent. I am
	th, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	š.						
S'GNATURE .	Signature ityped or printed name of registered agen		OL Registered A	gents	ignature required		DATE		
12.		ID DIRECTORS	13.		··	ADDITIONS/CHANGES TO OFF			
TITLE NAME	D RATTISTO JETH R	ATTIOTO ICTU D		1 1 TITLE 1.2 NAME			l	☐ Change	☐ Addition
STREET ADDRESS	198 SW 6TH AVENUE		1.2 RANK		DDBESS				
CITY-ST-ZIF	BOCA RATON FL 33486			14 CITY-ST-ZIP					
THEF	D	_		2 1 TITLE				Change	Addition
NAME	BATTISTO, DEBORAH A		22 NAM	22 NAME					
STREET ADDRESS	198 SW 6TH AVENUE		23 STRE						
COLY ST-ZOP	BOCA RATON FL 33486	☐ DELETE	2.4 CHY 3.1 THL		ZIP			Change	Addition
T TUF NAM:			3 2 NAM					Change	Addition
STREET ADDRESS			33 SIH		DORESS				
C(1) - S1 - Z(f)			3 4 CITY				٠,		
Taluf		☐ DELETE	4 1 TITL					☐ Change	☐ Addition
NAME			4 2 NAM	E					
\$1866 ADDRESS			4 3 ST88	ET A	DORESS				
CITY - ST - 7IP		F3 001616	4 4 CITY		ZIP				The Address
like	☐ DELETE			5. 1 TITLE				☐ Change	☐ Addition
NAME SPEELLADORESS			5.3 STRE		nnpree				
CUTY - ST - ZIF			5.3 SING 5.4 Cily						
THE		DELETE	6 1 TiTL			 		☐ Change	Addition
NAME		—	6 2 NAM						
STREET AUGERSS			6 3 STR	EET A.	DDRESS				
CHY SI-ZIP	ļ		6.4 City						
14. I do heret	by certify that the information supplied	with this filing is voluntarily fun	nished and de	oes i	not qualify fo	or the exemption stated in Section 119	07(3)(k), FI	orida Statu	ites. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther 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 each; 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 12 in charged for an attachment with an address.

SIGNATURE:

VIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 407-347-0028