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Apr 09 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 # P95000034177 (2)

1. Corporation Name
SOUTHEAST SOFTWARE SOLUTIONS, INC.



Principal Place of Business: 205 NATIONAL PLAE. UNIT 113 LONGWOOD FL 32750
Mailing Address: 205 NATIONAL PLAE. UNIT 113 LONGWOOD FL 32750

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 05/02/1995 | 3a. Date of Last Report 03/18/1996 |
| 4. FEI Number 59-3309963 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 30 |

9. Name and Address of Current Registered Agent
DE ARMOND, CHARLES
523 NORTH DEAN ROAD
ORLANDO FL 32825

10. Name and Address of New Registered Agent
81 Name: Michael Sweeney
82 Street Address (P.O. Box Number is Not Acceptable): 633 N. PARK AVE
83
84 City: Winter Park FL 85 Zip Code: 32789

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: *Michael Sweeney* Michael Sweeney DATE: 4/2/97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|--------------------|-------------------------------------|
| TITLE | D | <input type="checkbox"/> |
| NAME | MERGY, RICHARD A | |
| STREET ADDRESS | 650 TOMLINSON TER. | |
| CITY - ST - ZIP | LAKE MARY FL 32746 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | MERGY, BEVERLY R | |
| STREET ADDRESS | 650 TOMLINSON TER. | |
| CITY - ST - ZIP | LAKE MARY FL 32746 | |
| TITLE | D | <input checked="" type="checkbox"/> |
| NAME | DE ARMOND, CHARLES | |
| STREET ADDRESS | 523 N. DEAN ROAD | |
| CITY - ST - ZIP | ORLANDO FL 32825 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|----------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY - ST - ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | President | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.2 NAME | Michael Sweeney | | |
| 3.3 STREET ADDRESS | 633 N. PARK AVE | | |
| 3.4 CITY - ST - ZIP | Winter Park FL 32789 | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: *Michael Sweeney* Michael Sweeney DATE: 4/2/97 (407) 834-3475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)