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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063332 (7)

1. Corporation Name
SOFTWARE SAVACENTRE, INC.



Principal Place of Business 3501 WEST VINE STREET STE 330 KISSIMMEE FL 34741	Mailing Address 3501 WEST VINE STREET STE 330 KISSIMMEE FL 34741-4649
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3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 7771 INDIAN RIDGE TR. N Suite, Apt. #, etc. 22 City & State 23 KISSIMMEE FL Zip 24 34747 Country 25 USA	2a. Mailing Address 26 7771 INDIAN RIDGE TR. N Suite, Apt. #, etc. 27 City & State 28 KISSIMMEE FL Zip 29 34747 Country 30 USA	4. FEI Number 59-1532638 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SCHWARTZ, JOHN
3501 WEST VINE STREET STE 330
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROKE-LOWE, SIMON 6 CARNE PLACE PORT SOLENT COSHAM P084SY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT TROKE-LOWE, SIMON 7771 INDIAN RIDGE TRAIL NORTH KISSIMMEE FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROKE-LOWE, KAREN M 6 CARNE PLACE PORT SOLENT COSHAM P084SY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY TROKE-LOWE, KAREN 7771 INDIAN RIDGE TRAIL NORTH KISSIMMEE FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/97 407 390 1533

CR2E034 (9/96)