

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000078860 (0)**

1. Corporation Name  
**OUTER ISLAND SOFTWARE INC.**



Principal Place of Business <b>310 2ND AVENUE MELBOURNE BEACH FL 32951</b>	Mailing Address <b>310 2ND AVENUE MELBOURNE BEACH FL 32951</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/13/1995</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3338140</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>COPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418</b>				10. Name and Address of New Registered Agent			
81	Name <b>TINO GONZALEZ</b>			85	Zip Code <b>32901</b>		
82	Street Address (P.O. Box Number is Not Acceptable) <b>111 S. Scott St.</b>						
83							
84	City <b>Melbourne</b>			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: *Tino Gonzalez* DATE: **3/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>P.D.S</b>
NAME	<b>PRIDDY, CARL A</b>	1.2 NAME	
STREET ADDRESS	<b>% 310 2ND AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<b>VP T D</b>
NAME		2.2 NAME	<b>SHERRA G. DOSREPOSORS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1070 EGRET LAKE WAY</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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. 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: *Carl A. Priddy* **CARL A. PRIDDY, PRES** DATE: **3/23/96** 407-726-9444

CR2E034 (12/95)