

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079244**

**Serious Business Software, Inc.**

Principal Place of Business Mailing Address  
**3965 Henderson Blvd., Suite 200**  
**Tampa, Florida 33629**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/20/96</b>		3a. Date of Last Report	
21	<b>3965 Henderson Blvd.</b>	26		4. FEI Number <b>59-3349953</b>		Applied For Not Applicable	
22	Suite, Apt. #, etc. <b>Suite 200</b>	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	City & State <b>Tampa, Florida</b>	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Zip <b>33629</b>	25	Country <b>USA</b>	29	Zip	30	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

10. Name and Address of New Registered Agent

81	Name <b>Edward Glaser</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>3965 Henderson Blvd., Suite 200</b>
83	
84	City <b>Tampa,</b>
	<b>FL</b>
85	Zip Code <b>33629</b>

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 *Edward Glaser* DATE **4/30/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>Edward Glaser</b>
STREET ADDRESS		13 STREET ADDRESS	<b>3965 Henderson Blvd., Suite 200</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>Tampa, Florida 33629</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<b>S,D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>Frank Cisneros</b>
STREET ADDRESS		23 STREET ADDRESS	<b>3965 Henderson Blvd., Suite 200</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>Tampa, Florida 33629</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 included 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 I am listed, or on an attachment with an address.

SIGNATURE: *Edward Glaser* DATE: **4/30/97** DAYTIME PHONE: **(813) 288-8548**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **EDWARD GLASER**

CR2E034 (9/96)