

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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P96000010435 (1)**  
1. Corporation Name  
**SOFTWARE ARCHIVES, INC.**



Principal Place of Business: 1915 GRAND ISLE CR #6338 ORLANDO FL 32810  
Mailing Address: C/O SEABURN & ASSOCIATE, INC 800 N. HWY 434, SUITE 1 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 800 N. Hwy 434, 22 SUITE # 1, 23 ALTAMONTE SPRINGS, FL, 24 32714, 25 SEMINOLE  
2a. Mailing Address: 26 800 N. Hwy 434, 27 SUITE # 1, 28 ALTAMONTE SPRINGS, FL, 29 32714, 30 SEMINOLE

3. Date Incorporated or Qualified: 01/29/1996  
4. FEI Number: 59-3358865  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes,  No

9. Name and Address of Current Registered Agent: SMITH, RONNIE D, 1915 GRAND ISLE CR #6338, ORLANDO FL 32810

10. Name and Address of New Registered Agent: 81 Name: DOUGLAS S. SEABURN, 82 Street Address: 800 N. Hwy 434, 83 SUITE # 1, 84 City: ALTAMONTE SPRINGS FL, 85 Zip Code: 32714

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: *Ronnie D. Smith* D. S. SEABURN 1/21/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, RONNIE D	
STREET ADDRESS	1915 GRAND ISLE CR #6338	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Ronnie D. Smith* RONNIE D. SMITH 2-03-98 407 7747400

CR2E034 (10/97)