

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

(1)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000053069 (6)

1. Corporation Name
SOFTWARE SOLUTIONS 400, INC.

FILED
97 AUG 19 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6278 N. FEDERAL HWY.
SUITE 324
FT. LAUDERDALE FL 33308

Mailing Address
6278 N. FEDERAL HWY.
SUITE 324
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0679094		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

PIAZZA, VINCENT J
1800 S.E. 17TH ST.
SUITE 300
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

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 <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DENNIS CRANK		1.2 NAME 200002278882--0	
STREET ADDRESS 2545 SE 14TH ST		1.3 STREET ADDRESS -08/27/97--01102--021	
CITY-ST-ZIP ROMANO FL 33062		1.4 CITY-ST-ZIP ****165.00 ****165.00	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME V. PRESIDENT		2.2 NAME	
STREET ADDRESS KIMBERLY LEACH-CRANK		2.3 STREET ADDRESS	
CITY-ST-ZIP as above		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DENNIS CRANK		3.2 NAME	
STREET ADDRESS as above		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TREASURER		4.2 NAME	
STREET ADDRESS KIMBERLY LEACH-CRANK		4.3 STREET ADDRESS	
CITY-ST-ZIP as above		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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] Dennis Crank 8/1/97 (954) 781-9249

CR2E034 (4/97)

SOFTWARE SOLUTIONS 400
6278 N. FEDERAL HWY
FT LAUDERDALE FL 33308

②

Dear Sir/Madam,

This is the first year of our company in Florida.

I called your department when I received this form informing them that I did not receive the first form you sent out.

Your office informed me to send you a note advising you of this and to enclosed a check for \$165.00 original fee.

Please let me know if you did send out a first form or not. I truly did not receive it. I always take care of company correspondence and cannot recall receiving it.

Many Thanks.

Kimberly A. Leach-Cook

VP Software Solutions 400