

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000054413 (5)

1. Corporation Name

FIRST FINANCIAL SOFTWARE, INC.

Principal Place of Business

1665 SO. KIRKMAN ROAD STE 351
ORLANDO FL 32811

Mailing Address

1665 SO. KIRKMAN ROAD STE 351
ORLANDO FL 32811-2234

2. Principal Place of Business

21 150 Semoran Commerce Pl.

Suite, Apt. #, etc.

22 105

City & State

23 Apopka, FL

Zip 32703 Country USA

24

25

26 Same

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

31 Name and Address of Current Registered Agent

KARAGUESIAN, JACK
1665 SO. KIRKMAN ROAD STE 351
ORLANDO FL 32811

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

Jack Karagueesian

Jack Karagueesian, Secretary

1/6/97

Signature typed or printed name of registered agent and location if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Martone		1.2 NAME
STREET ADDRESS	1620 Finley Ave.		1.3 STREET ADDRESS
CITY-ST-ZIP	Apopka, FL 32703		1.4 CITY-ST-ZIP
TITLE	Chief Executive Officer	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Kline		2.2 NAME
STREET ADDRESS	2541 Bay Leaf Drive		2.3 STREET ADDRESS
CITY-ST-ZIP	Orlando, FL 32837		2.4 CITY-ST-ZIP
TITLE	Treasurer / Secretary	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Karagueesian		3.2 NAME
STREET ADDRESS	1665 S. Kirkman Rd. # 351		3.3 STREET ADDRESS
CITY-ST-ZIP	Orlando, FL 32811		3.4 CITY-ST-ZIP
TITLE	Director	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Fromi		4.2 NAME
STREET ADDRESS	9 Vore Ct.		4.3 STREET ADDRESS
CITY-ST-ZIP	Moline, IL 61265		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: *Jack Karagueesian* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

407 889-2701

Daytime Phone #

0090841

CR2E034 (9/96)