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Secretary of State

03-02-1999 90062 040 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000054413

1. Corporation Name
FIRST FINANCIAL SOFTWARE, INC.



Principal Place of Business
 150 SEMORAN COMMERCE PL.
 SUITE 105
 APOPKA FL 32703
 US

Mailing Address
 PO BOX 770005
 SUITE 105
 ORLANDO FL 32877
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2541 BAY LEAF DRIVE**

2a. Mailing Address
 26 Suite, Apt. #, etc.

22 City & State
 23 **ORLANDO, FL**

27 City & State
 28

24 Zip Country
32837 US

29 Zip Country
 30

3. Date Incorporated or Qualified
06/24/1996

4. FEI Number
59-3319170

5. Certificate of Status Desired - \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | KLINE, RONALD | |
| STREET ADDRESS | 2541 BAY LEAF DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | TRES | <input type="checkbox"/> DELETE |
| NAME | KARAGUESIAN | |
| STREET ADDRESS | 1665 S. KIRKMAN RD. #351 | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FROMI, JAMES | |
| STREET ADDRESS | 9 VALE CT. | |
| CITY-ST-ZIP | MOLINE IL | |
| 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, with all other like empowered.

SIGNATURE: *Ronald Kline* **RONALD KLINE, CEO**

1/10/99 (407) 858-9380

Date

Daytime Phone #

CR2E034 (1/198)