


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

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000065388 (6)			
1. Corporation Name SOURCE COMPUTING CONCEPTS, INC.			
Principal Place of Business 501 S. FALKENBURG ROAD TAMPA FL 33619		Mailing Address 501 S. FALKENBURG ROAD TAMPA FL 33619-8055	
2. Principal Place of Business 21 10627 BRYAN ROAD Suite, Apt #, etc. 22 TAMPA FL City & State 23 33610 Zip 24 USA Country		2a. Mailing Address 25 10627 BRYAN ROAD Suite, Apt #, etc. 26 TAMPA FL City & State 27 33610 Zip 28 USA Country	
9. Name and Address of Current Registered Agent DION, TIMOTHY J 501 S. FALKENBURG ROAD TAMPA FL 33619 <i>(ADDRESS CHANGE)</i>		10. Name and Address of New Registered Agent 81 Name DION, TIMOTHY J. 82 Street Address (P.O. Box Number is Not Acceptable) 10627 BRYAN ROAD 83 84 City TAMPA FL 85 Zip Code 33610	
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 <i>Timothy J. Dion</i> 1-20-97 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 DP <input type="checkbox"/> DELETE NAME DION, TIMOTHY J STREET ADDRESS 501 S. FALKENBURG ROAD CITY-ST-ZIP TAMPA FL 33619		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DION, TIMOTHY J 1.3 STREET ADDRESS 10627 BRYAN ROAD 1.4 CITY-ST-ZIP TAMPA, FL 33610 2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DION, AMY R. 2.3 STREET ADDRESS 10627 BRYAN ROAD 2.4 CITY-ST-ZIP TAMPA, FL 33610 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 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: <i>Timothy J. Dion</i> 1-20-97 813-664-8705 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)