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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065720 (0)

TOTAL SOFTWARE SOLUTIONS, INC.

Suite, Apt. #, etc. 22 City & State Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing From From Country Added to Fees Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	Principal Place of Business	Mailing Address		1 00 10 10 10 10 10 10	AL BILLY LADIA LIBIL BULL LOC
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2. Principal Place of Business 2a. Mailling Address 4. FEI Number	***			· ·	
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9, Name and Address of Current Registered Agent 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 11, Name 82 Street Address (P.O. Box Number is Not Acceptable) 11, Pursuant to the provisions of Section 607,0502 and 607,1506, Florids Statutes, the address of New Registered Agent 11, Pursuant to the provisions of Section 607,0502 and 607,1506, Florids Statutes, the address of New Registered Agent Ray Registered Agent Ray Registered Agent Ray Registered Agent Ray Registered Ray Registe	23				
9. Name and Address of Current Registered Agent BROWNE, MICHAEL 6010 LAKETREE LANE TAMPA FL 33617 81 Name 62 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am above the provisions of the purpose of the purpose of the provisions of the purpose of the purpose of the provisions of the purpose of the		· ·	,	1	
BROWNE, MICHAEL 6010 LAKETREE LANE TAMPA FL 33617 82 Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 607.0502 and 607.1503. Florida Statutes. He above—amend corporation submits this statement for the purpose of changing its registered adjustment agent and time in approaches. (NOTE: Registered Apent dignature required who in which age to the corporation's board of directors. I hereby accept the appointment as registered signature agent and time in approache. (NOTE: Registered Apent dignature required who in which agent agent and time in approache. (NOTE: Registered Apent dignature required who in which agent agent and time in approache. (NOTE: Registered Apent dignature required who in which agent agent and time in approache. (NOTE: Registered Apent dignature required who invitating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. TITLE 13. TITLE 13. TITLE 13. TITLE 14. TITLE 14. TITLE 15. TITLE			30		<u> </u>
BROWNE, MICHAEL 6010 LAKETREE LANE TAMPA FL 33617 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Section 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Enrikla rith, and accept the obligations of, Section 607.0503, Florida Statutes, and the provisions of Sec		Current negistered Agent	81 Name	10. Name and Address of New Registered	Agent
TAMPA FL 33617 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 agent. I am Targified, rift, and accept the objection of Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS ANID DIRECTORS 12. OFFICERS ANID DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PROWNE, MICHAEL A 6010-1 LAKE TREE LANE 1 2 MAME 1 AUTY-ST-ZIP 1 AUTY-ST-ZIP TITLE DELETE 1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1 STREET ADDRESS CITY-ST-ZIP DELETE 1 STREET ADDRESS CITY-ST-ZIP DELETE 1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE Change Addition Change Cha	1				
83 84 City FL 85 Zip Code			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of clinic or registered sperit, or bop's 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 fartifier with, and secret the objections of, Section 607.6505, Florida Statutes. SIGNATURE	1AMPA FL 33617		83		
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 registered of provision of the purpose of changing its registered of control of the corporation of			84 City		85 Zip Code
SIGNATURE					
SIGNATURE	office or registered agent, or both, in the	07.0502 and 607.1508, Florida Statute e State o≴ Florida. Such change was at	s, the above-hamed con uthorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
12.	agent. I am familiar with, and accept the	obligations of Section 607.0505, Flor	ida Statutes.	11111	110
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.	STREET ADDRESS		6.3 STREET ADDRESS		

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 of 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 changes or on an attachmen with an address.