

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000005429 (0)

1. Corporation Name  
MID-FLORIDA SOFTWARE SERVICES, INC.



Principal Place of Business 51 STRATHMORE DR HAINES CITY FL 33844-6208	Mailing Address 51 STRATHMORE DR HAINES CITY FL 33844-6208
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 51 STRATHMORE DR. Suite, Apt. #, etc. 22 City & State 23 HAINES CITY, FL Zip 24 33844-6208 25 USA		2a. Mailing Address 26 P.O. Box 1105 Suite, Apt. #, etc. 27 City & State 28 LAKE ALFRED, FL Zip 29 33850-1105 30 USA		3. Date Incorporated or Qualified 01/13/1997	
		4. FEI Number 59-3420545		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

PINER, STEPHEN D  
51 STRATHMORE DR  
HAINES CITY FL 33844-6208

10. Name and Address of New Registered Agent

81 Name	PINER, STEPHEN D.
82 Street Address (P.O. Box Number is Not Acceptable)	51 STRATHMORE DRIVE
83	
84 City	HAINES CITY FL
85 Zip Code	33844-6208

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	D PINER, STEPHEN D 51 STRATHMORE DR HAINES CITY FL 33844-6208	1.1 TITLE	D PINER, STEPHEN D. 51 STRATHMORE DR. HAINES CITY, FL 33844-6208
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Stephen D. Piner* STEPHEN D. PINER 3/3/98 941-289-3715

CP2E034 (10/97)