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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

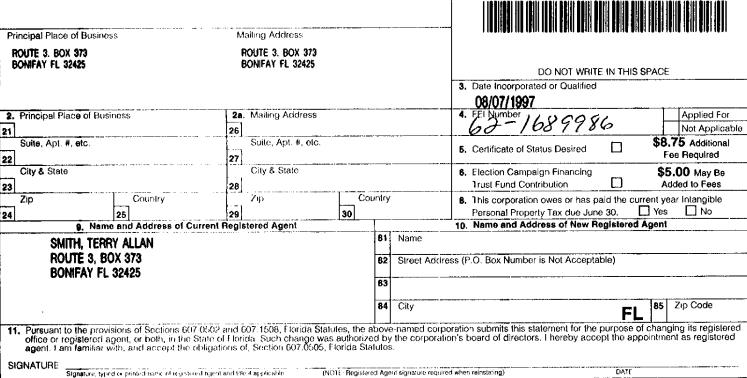
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000068894 (9)

YEAR 2000 SOFTWARE SOLUTIONS, INC.

Principal Place of Business Mailing Address ROUTE 3. BOX 973 ROUTE 3, BOX 373 **BONIFAY FL 32425** BONIFAY FL 32425

FILED May 11 1998 8:00am Secretary of State



Signature, typicd or printed name of registered agent and title 4 applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE PSTD 1.1 1011.6 TITLE **SMITH, TERRY ALLAN** 1.2 NAME NAME ROUTE 3, BOX 373 1.3 STREET ADDRESS STREET ADDRESS **BONIFAY FL 32425** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 employeered 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.

5.4 CITY-S1-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Addition

Change