FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT	ш
DOCUMENT	₩
 Corporation Name 	

SIGNATURE:

V26403

(8)

SOLUTIONS SOFTWARE CORPORATION

3010	SUFTWARE CORP	UNATIUN	VALUE			
Principal Place 1795 TURTI ENTERPRIS	LE HILL RD	Mailing Address 1795 TURTLE HILL ENTERPRISE FL 32				es iui gibi; oton sibii kiki) ofon sisii ibbi
					3. Date Incorporated or Qualified 04/06/1992	3a. Date of Last Report 06/09/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26	WE - 12.		4. FEI Number 59-3117984	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Coun	try	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax under s 199.032,
24	25 g. Name and Address of Curre	29 29 Agent	30		Florida Statutes Yes 10. Name and Address of New Re	
1511 K	OFF, MARK KASTNER PL DRD FL 32771		1	Name Street Add 795 33 City	ress (P.O. Box Number is Not Acceptable Turfle Hill Road	FL 85 Zip Code 3 7 7 2 5
or registere familiar with SIGNATURE	ad agent, or both, in the State of Floring, and accept the obligations of, Sec Signature, typed or printed name of registerion ages	da. Such change was authorization 607,0505. Norida Statute.	zed by the co s	e-named corpo orporation's boa agent signature recurs		pose of changing its registered office intrnent as registered agent. I am
12.	P	DELETE	13.	E	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	WEMHOFF, URSULA		1.2 NAN			
STREET ADDRESS	1795 TURTLE HILL ROAD			EET ADORESS		
CITY-ST-ZIP	ENTERPRISE FL			r-ST-ZIP		
TITLE	D	DELETE	2 1 1 1			☐ Change ☐ Addition
NAME	WEMHOFF, MARK	_	2 2 NAN	ΛE		
STREET ADDRESS	1795 TURTLE HILL ROAD		2 3 S1R	EET ADDRESS		
CITY - ST - ZIP	ENTERPRISE FL		2.4 Cil	r-S1-ZIP		
TITLE		DELFTE	3 1 1/1	LE		Change Addition
NAME			3.2 NAN	∕E		
STREET ADDRESS			3 3 ST	REET ADDRESS		
CITY-ST-ZIP		רו הנוכזני		(-SI-ZIP		Change D Addition
TIFLE		☐ DELETE	4. 1 TH			Change Addition
NAME STREET ADDRESS			4.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIP TITLE		DELFTE	5. 1 TIT	r-ST-ZIP		Change Addition
NAME			5.2 NAN			C awarda C voquet
STREET ADDRESS	•			EET ADDRESS		
CITY-ST-ZIP				r-St-ZIP		
TITLE		DELETE	6. 1 TH			Change Addition
NAME		L	6.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIP				(- ST-ZIP		
14. I do hereby certify that oath; that I	the information indicated on this ann	ual report or supplemental and pration or the receiver or truste	nished and d nual report is se empowers	oes not qualify true and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo	same legal effect as if made under