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

Feb 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V26403 (8) SOLUTIONS SOFTWARE CORPORATION Principal Place of Business Mailing Address 1795 TURTLE HILL RD 1785 TURTLE HILL RD **ENTERPRISE FL 32725** ENTERPRISE FL 32725 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3117984 Not Applicable 26 Suite. Apt. #. etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zıp Country 20 Country 8. This corporation owes or has paid the current year Intangible X Yes 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEMHOFF, URSULA 1795 TURTLE HILL RD 82 Street Address (P.O. Box Number is Not Acceptable) **ENTERPRISE FL 32725** 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TIRE TITLE WEMHOFF, URSULA NAME 1.2 NAME Wemhoff, Ursula 1795 TURTLE HILL ROAD 1795 Turtle HillRoad Enterprise, FL 32725 STREET ADDRESS 1.3 STREET ADDRESS ENTERPRISE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition 2.1 TiTLE TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3 1 TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME

FILED

14. Thereby 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 supplicinculal 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

3-9-98

407-321-7913

6.3 STREET ADDRESS

STREET ADDRESS