

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

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Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V29785** (5)

1. Corporation Name  
**POWERCERV TECHNOLOGIES CORPORATION**



Principal Place of Business <b>400 N. ASHLEY DR. STE. #1910 TAMPA FL 33602 US</b>	Mailing Address <b>400 N. ASHLEY DR. STE. #1910 TAMPA FL 33602-4300 US</b>
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3. Date Incorporated or Qualified <b>04/20/1992</b>	3a. Date of Last Report <b>06/18/1996</b>
4. FEI Number <b>59-3117606</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>XX</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <b>XX</b> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>Suite 2700</b> City & State <b>23</b> Zip <b>25</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>Suite 2700</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>WAGMAN, STEPHEN M. POWERCERV TECHNOLOGIES CORPORATION 400 N ASHLEY DRIVE, SUITE 2700 TAMPA FL 33602</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	NAME <b>ROSS, HAROLD</b>	1.1 TITLE	1.2 NAME
STREET ADDRESS <b>400 N. ASHLEY DR., #1910</b>	CITY-ST-ZIP <b>TAMPA FL</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE <b>P</b>	NAME <b>FRATELLO, MARC</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>400 N. ASHLEY DR., #1910</b>	CITY-ST-ZIP <b>TAMPA FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>V</b>	NAME <b>CRIPPEN, ROY</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>400 N. ASHLEY DR., #1910</b>	CITY-ST-ZIP <b>TAMPA FL</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <b>T</b>	NAME <b>WICKER, GERALD</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>400 N ASHLEY DR., SUITE 2700</b>	CITY-ST-ZIP <b>TAMPA FL</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <b>S</b>	NAME <b>WAGMAN, STEPHEN</b>	5.1 TITLE	5.2 NAME
STREET ADDRESS <b>400 N ASHLEY DR., SUITE 2700</b>	CITY-ST-ZIP <b>TAMPA FL</b>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 M. Wagman, Secretary** 3/19/97 813-226-2600 Ext. 1067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)