

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V46174

(1)

1. Corporation Name
CITRUS SOFTWARE, INC.

Principal Place of Business

Mailing Address

689 INDIAN RIVER DR
MELBOURNE FL 32935
US

689 INDIAN RIVER DR
MELBOURNE FL 32935-6936
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1992	3a. Date of Last Report 04/18/1996
21 Suite, Apt. #, etc.	22 City & State	26 P.O. Box 361415	27 Suite, Apt. #, etc.	4. FEI Number 59-3127759	Applied For Not Applicable
23 Zip	24 Country	28 Melbourne, FL	29 32936	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25	26	30 US	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

HUNT, THOMAS ALLEN
689 INDIAN RIVER DR
MELBOURNE FL 32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

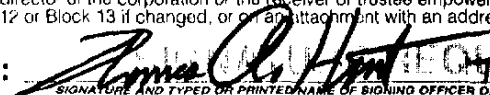
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNT, THOMAS ALLEN		1.2 NAME HUNT, THOMAS ALLEN	
STREET ADDRESS 2975 KNOX MC RAE DRIVE		1.3 STREET ADDRESS 689 INDIAN RIVER DRIVE	
CITY - ST - ZIP TITUSVILLE FL		1.4 CITY - ST - ZIP MELBOURNE, FL 32935	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

 PRESIDENT
THOMAS A. HUNT

4/22/97 407-242-9200

Date

Daytime Phone #

0103488

CR2E034 (9/96)