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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9200000705 (5)
1. Corporation Name
SYSTEMS SOFTWARE STANDARDS, LTD. INCORPORATED

Principal Place of Business: **600 LYNNHAVEN PKWY. STE 216 VIRGINIA BEACH VA 23451-7319 US**
Mailing Address: **600 LYNNHAVEN PKWY. SUITE 216 VIRGINIA BEACH VA 23452-7319 US**

3. Date Incorporated or Qualified: **12/15/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21** Suite, Apt. #, etc.
2a. Mailing Address: **26** Suite, Apt. #, etc.
22. City & State: **27** City & State
24. Zip: **25** Country: **29** Zip: **30** Country

4. FEI Number: **54-1303938**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**TROCHE, JOSE L
70 BELLAIRE DRIVE
PALM COAST FL 32037**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: **FL** B5 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASANOVA, WILLIAM	1.2 NAME	<input checked="" type="checkbox"/> Michael Dougherty
STREET ADDRESS	2508 ESCORIAL COURT	1.3 STREET ADDRESS	631 Lynn Shores Drive
CITY - ST - ZIP	VIRGINIA BEACH VA 23458	1.4 CITY - ST - ZIP	VA Beach VA 23452
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASANOVA, ALMA	2.2 NAME	<input checked="" type="checkbox"/> Patti Van Buren
STREET ADDRESS	2508 ESCORIAL COURT	2.3 STREET ADDRESS	1905 Annandale Ct
CITY - ST - ZIP	VIRGINIA BEACH VA 23458	2.4 CITY - ST - ZIP	VA Beach VA 23464
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patti Van Buren Patti Van Buren 4/17/95 804-463-2970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR