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Jul 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000705 (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 23452-7397
US



2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TROCHE, JOSE L
70 BELLAIRE DRIVE
PALM COAST FL 32037

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified 12/15/1992
3a. Date of Last Report 05/01/1996
4. FEI Number 54-1303938 Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0802 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		(NAME, Title or printed name of registered agent, and title if applicable)	(NAME, Registered Agent signature, and title if not a director)	DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	[] Change	[] Addition
NAME	DOUGHERTY, MICHAEL	1.2 NAME		
STREET ADDRESS	631 LYNN SHORES DRIVE	1.3 STREET ADDRESS		
CITY - ST - ZIP	VA BEACH BA	1.4 CITY - ST - ZIP		
TITLE	V	2.1 TITLE	[X] Change	[] Addition
NAME	VAN BUREN, PATTI	2.2 NAME		
STREET ADDRESS	1905 ANNANDALE CT	2.3 STREET ADDRESS		
CITY - ST - ZIP	VA BEACH FA	2.4 CITY - ST - ZIP		
TITLE	CP	3.1 TITLE	[] Change	[] Addition
NAME	CASANOVA, WILLIAM	3.2 NAME		
STREET ADDRESS	2508 ESCORIAL CT	3.3 STREET ADDRESS		
CITY - ST - ZIP	VA BEACH VA	3.4 CITY - ST - ZIP		
TITLE	DST	4.1 TITLE	[] Change	[] Addition
NAME	CASANOVA, ALMA	4.2 NAME		
STREET ADDRESS	2508 ESCORIAL CT	4.3 STREET ADDRESS		
CITY - ST - ZIP	VA BEACH VA	4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE	[] Change	[] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE	[] Change	[] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP		

Vice President
Patti Van Buren
2148 Southcross Dr.
Virginia Beach VA 23456

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: Patti Van Buren Patti Van Buren 10/27/97 757-463-7520

CR2E034 (9/96)