

FIREPT

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18079

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Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 23452-7319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1992

4. FEI Number
54-1303938

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 2387 Court Plaza Dr.
Suite, Apt. #, etc. Suite 200
City & State VA Beach VA
Zip 23456 Country USA

2a. Mailing Address
26 2387 Court Plaza Dr.
Suite, Apt. #, etc. Suite 200
City & State VA Beach VA
Zip 23456 Country USA

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
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

TITLE	V	<input type="checkbox"/> DELETE
NAME	DOUGHERTY, MICHAEL	
STREET ADDRESS	631 LYNN SHORES DRIVE	
CITY-ST-ZIP	VA BEACH BA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATTI VAN BUREN	
STREET ADDRESS	2148 SOUTHEROSS DR	
CITY-ST-ZIP	VIRGINIA BCH VA	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	CASANOVA, WILLIAM	
STREET ADDRESS	2508 ESCORIAL CT	
CITY-ST-ZIP	VA BEACH VA	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CASANOVA, ALMA	
STREET ADDRESS	2508 ESCORIAL CT	
CITY-ST-ZIP	VA BEACH VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 3/11/98 757-321-8000

CR2E034 (10/97)