

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
 AND
 FILED

1997 NOV 12 PM 3:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K06114 (8)
 1. Corporation Name
 SOFTWARE ENGINEERING TECHNOLOGY, INC.

Principal Place of Business
 2770 INDIAN RIVER BLVD
 311
 VERO BEACH FL 32960
 US

Mailing Address
 2770 INDIAN RIVER BLVD
 311
 VERO BEACH FL 32960
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 5516 LONAS RD
 Suite, Apt. #, etc.
 22 SUITE 110
 City & State
 23 KNOXVILLE, TN
 Zip
 24 37909 25 KNOX Country
 26 5516 LONAS RD.
 Suite, Apt. #, etc.
 27 SUITE 110
 City & State
 28 KNOXVILLE, TN
 Zip
 29 37909 30 KNOX Country

3. Date Incorporated or Qualified 12/08/1987
 3a. Date of Last Report 04/26/1996
 4. FEI Number 65-0021880 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
 SMITH, SHERMAN N III
 SMITH AND SMITH, CITRUS FINANCIAL CTR.
 1717 INDIAN RIVER BLVD., SUITE 301
 VERO BEACH FL 32960

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
 FL

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 *Gwendolyn H. Walton* DATE 11-5-97
(Signature, typed or printed name of registered agent and his or her title, if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/>	OFFICER
NAME	BECKHARDT, ARNOLD R.		
STREET ADDRESS	2770 INDIAN RIVER BLVD		
CITY-ST-ZIP	VERO BCH. FL		
TITLE	COBT	<input type="checkbox"/>	DELETED
NAME	POORE, JESSE H		
STREET ADDRESS	2200 SUTHERLAND AVE 304		
CITY-ST-ZIP	KNOXVILLE TN		
TITLE	P	<input type="checkbox"/>	DELETED
NAME	WALTON, GWENDOLYN H		
STREET ADDRESS	2770 INDIAN RIVER BLVD		
CITY-ST-ZIP	VERO BEACH FL		
TITLE		<input type="checkbox"/>	DELETED
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETED
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME	ARA KOUCHAKDJIAN, ARA				
1.3 STREET ADDRESS	1620 L STREET, NW, SUITE 875				
1.4 CITY-ST-ZIP	WASHINGTON, DC 20036				
2.1 TITLE	COBT	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME	POORE, JESSE H.				
2.3 STREET ADDRESS	5516 LONAS ROAD SUITE 110				
2.4 CITY-ST-ZIP	KNOXVILLE, TN 37909				
3.1 TITLE	P	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME	WALTON, GWENDOLYN H				
3.3 STREET ADDRESS	5516 LONAS RD, SUITE 110				
3.4 CITY-ST-ZIP	KNOXVILLE, TN 37909				
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					

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 ****750.00 ****750.00
REINSTATEMENT

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: *Gwendolyn H. Walton* President Gwendolyn H. Walton 10/31/97 923-450-5151
(Signature and typed or printed name of signing officer or director) Date Daytime Phone # 0113374

CR2E034 (4/97)