

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 081 ***150.00
 05-06-1999 90296 082 *****8.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H31600

1. Corporation Name
HTE-UCS, INC.

Principal Place of Business
 2005 WEST CYPRESS CREEK ROAD
 STE 100
 FT. LAUDERDALE FL 33309-1835
 US

Mailing Address
 2005 WEST CYPRESS CREEK ROAD
 STE 100
 FT. LAUDERDALE FL 33309-1835
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/28/1984

4. FEI Number
59-2486196 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 the current year Intangible Personal Property Tax. Yes No

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
RAMOS, DANIA
 2005 WEST CYPRESS CREEK ROAD
 STE 100
 FT. LAUDERDALE FL 33309-1835

10. Name and Address of New Registered Agent
 81 Name
L.A. Gornito, Jr., Esq.
 82 Street Address (P.O. Box Number is Not Acceptable)
149-F S. Ridgewood Avenue
 83
 84 City **Daytona Beach,** FL 85 Zip Code **32114**

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, on 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]* DATE **4/29/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMOS, O. F.	
STREET ADDRESS	14020 CARLTON DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NORTH, WILLIAM KNOX	
STREET ADDRESS	2130 N.W. 82ND TERRACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	RAMOS, DANIA	
STREET ADDRESS	20201 NW 7TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NELSON, ROBERT W.	
STREET ADDRESS	1310 NE 27 WAY	
CITY-ST-ZIP	POMPANO BCH FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input checked="" 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	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dennis J. Harward	
5.3 STREET ADDRESS	1000 Business Center Drive	
5.4 CITY-ST-ZIP	Lake Mary, FL 32746	
6.1 TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	L.A. Gornito, Jr.	
6.3 STREET ADDRESS	149-F S. Ridgewood Avenue	
6.4 CITY-ST-ZIP	Daytona Beach, FL 32114	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/28/99** (954) 771-8116
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)