

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:04

DOCUMENT # **J44267** (9)
1. Corporation Name
DAY-TA SOFTWARE SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1433 SOUTH FT. HARRISON AVE., STE. E
CLEARWATER FL 34618** **1433 SOUTH FT. HARRISON AVE., STE. E
CLEARWATER FL 34618**

3. Date Incorporated or Qualified **11/21/1986** 3a. Date of Last Report **02/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2740760		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAY, KATHRYN T
306 JASMINE WAY
CLEARWATER FL 34618**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, KATHRYN T	2. NAME	
STREET ADDRESS	306 JASMINE WAY	3. STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4. CITY - ST - ZIP	
TITLE	D	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JERRY M	2. NAME	
STREET ADDRESS	206 JASMINE WAY	3. STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4. CITY - ST - ZIP	
TITLE	SD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHARON	3. NAME	
STREET ADDRESS	1891 DEL ORO COURT	3. STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	3. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY - ST - ZIP		5. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY - ST - ZIP		6. 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)(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.

SIGNATURE: *Kathryn T. Day* **KATHRYN T. DAY**

5-25-95 (813) 441-6134