

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

APPROVED *pg 1 of 2*
AND
FILED

1997 MAY -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000069369 (2)

1. Corporation Name
DOYLE SOFTWARE SERVICES, INC.



Principal Place of Business

950 THIRD AVE.
% FRYDMAN BECK KING & ARAD
NEW YORK NY 10022

Mailing Address

950 THIRD AVE.
% FRYDMAN BECK KING & ARAD
NEW YORK NY 10022-2705

3. Date Incorporated or Qualified
08/20/1996

3a. Date of Last Report

4. FEI Number

13-3909601

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 ☐ No

2. Principal Place of Business

21 *BOULEVARD CONCORSE*

22 *PEEL STREET*

23 *RAMSEY, ISLE OF MAN*

24 *148 133* 25 *GUENT*

2a. Mailing Address

26 *BOULEVARD CONCORSE*

27 *PEEL STREET*

28 *RAMSEY, ISLE OF MAN*

29 *148 133* 30 *GUENT*

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83
84 City
Tallahassee

FL 85 Zip Code
32301

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

Paul Shady

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
ARAD, GRAHAM N
STREET ADDRESS
950 THIRD AVE.
CITY-ST-ZIP
NEW YORK NY 10022 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
D
BREW, KAREN E
13 STREET ADDRESS
% BOULEVARD CONCORSE, PEEL STREET
14 CITY-ST-ZIP
RAMSEY, ISLE OF MAN, 148 133 ☐ Change ☒ Addition

21 TITLE
22 NAME
D
SHAND, SANDRA
23 STREET ADDRESS
% BOULEVARD CONCORSE, PEEL STREET
24 CITY-ST-ZIP
RAMSEY, ISLE OF MAN 148 133 ☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

K. E. B...

CR2E034 (9/96)



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 352714 7124230

AUTHORIZATION : *Patricia Pizit*

COST LIMIT : \$ 165.00

ORDER DATE : May 2, 1997

ORDER TIME : 2:41 PM

ORDER NO. : 352714

CUSTOMER NO: 7124230

CUSTOMER: Ms. Karen Brew
Charterhouse Corporate
Bourne Concourse
Peal Street
Ramsey, UK IM8 1JJ

~~CHANGE OF AGENT~~

Annual Report Filing

NAME: DOYLE SOFTWARE SERVICES, INC.

RECEIVED
97 MAY -2 PM 4:22
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder