SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001990 (8)
1. Corporation Name

TIVOLI SYSTEMS, INC.

FILED
Jul 23 1998 8:00am
Secretary of State

|--|

	e of Bus iness	Mailing Address				•
9442 CAPITAL OF TÉXAS HWY, N. ARBORETUM PLAZA 1. STE. 500 AUSTIN TX 78759		9442 CAPITAL OF TEXAS	S HWY, N.			
		Arboretum Plaza I. Ste. 500				
		AUSTIN TX 78759				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified	ì
					04/23/1996	
2. Principal Pi	lace of Business	2a. Malling Address		4. FEI Number	Applied For	
21		26		74-2548661	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		E Cartificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	γ	8. This corporation owes or has paid the	current vear intangible
	25	29	30	•	Personal Property Tax due June 30.	Yes No
24	9, Name and Address of Curren		1301		10. Name and Address of New Registers	
NEOL		it tradistation vibrati		1 Name	10. 144110 2114 1424 1424	
	BITT, PAMELA		٦	1		
	B E. ŞE VILLA CIRCLE		8:	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33629		<u></u>			
			8:	3		
ļ			8-	4 City		. 85 Zip Code
i			اه.	4 Oily	F	L CS Exp cools
11. Pursuant	t to the provisions of sections 607 050	2 and 607 1508 Florida Statu	ites, the above	e-named cor	poration submits this statement for the purpose of	changing its registered
office or	registered agent, or both, in the State	of Florida. Such change wa	s authorized b	y the corpor	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as registered
agent. I a	am familiar with, and accept the oblig-	ations of, section 607.0505,	Florida Statute	es.		
SIGNATURE	Signature, typed or printed name of registered ager		ALBERT B. L.	Manadalanahan	required when reinstating) DATE	
40				Affent afficience		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	OFFICERS AN		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	OFFICERS AN POEO MOSS, FRANKLIN H	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	OFFICERS AN PCEO MOSS, FRANKLIN H 63 PASCAL	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS CBO San Lindolow 8105 Ravello Ridge Cove	AND DIRECTORS IN 12
TITLE NAME	OFFICERS AN POEO MOSS, FRANKLIN H	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADORESS	ADDITIONS/CHANGES TO OFFICERS CBO San Lindolow 8105 Ravello Ridge (ove Austin Tx 78735	AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS	OFFICERS AN PCEO MOSS, FRANKLIN H 63 PASCAL AUSTIN TX 78746	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS CBO San Lindolow 8105 Rovello Ridge (ove Austin TX 78735	AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PCEO MOSS, FRANKLIN H 63 PASCAL	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY:	ET ADORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS CBO San Lindolow 8105 Ravello Ridge (ove Austin TX 78735 UP-Oponations	AND DIRECTORS IN 12 Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PCEO MOSS, FRANKLIN H 63 PASCAL AUSTIN TX 78746	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS CBO San Lindolow 8105 Ravello Ridge (ove Austin TX 78735 UP-Oponations	AND DIRECTORS IN 12 Change Addition Change Addition
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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 repeller or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 65 if changed, or on an attachment with an address.

CHIBITIA

7/9/98

(5/2)436-8000