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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # J44267** 

(9)

DAY-TA SOFTWARE SYSTEMS, INC.

Principal Place of Business Mailing Address 1433 SOUTH FT. HARRISON AVE., STE. E 1433 SOUTH FT. HARRISON AVE., STE. E CLEARWATER FL 34616 **CLEARWATER FL 34616-2072** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1986 04/15/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 59-2740760 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Z(p)Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name DAY, KATHRYN T 306 JASMINE WAY 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 City 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 mains of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPT DELETE ☐ Change Addition 1.1 TITLE TITLE DAY, KATHRYN T 12 NAME NAME 306 JASMINE WAY 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE DAY, JERRY M 22 NAME NAME 306 JASMINE WAY 23 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE WILLIAMS, SHARON NAME 3.2 NAME 1891 DEL ORO COURT STREET ADDRESS 3.3 STREET ADDRESS **DUNEDIN FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition HITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - S1 - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.4 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

SIGNATURE:

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 eath; 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.

7265 de Nt 2-14-97 (813) 441-1746
PICER OR DIRECTOR

Date

D

**FILED** 

Feb 18 1997 8:00am

Secretary of State