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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

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J46278

(4)

DIVERSIFIED SOFTWARE SYSTEMS, INC.

**FILED** Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									INTERNITORIA (F	(B)A BUBUK KBBK	
	1211 SEMOR STE. 221	AN BEAD		1211 SEMOHAN BLVD STE. 221	1211 SEMORAN BLVD STE 221						
GASSELBERRY FL 32707				412. 22.	CASSELBERRY FL 32707			DO NOT WRITE IN THIS SPACE			
	US			US				3. Date Incorporated or Qualified 12/10/1986			
2.	2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21				26	ļ			59-2719437	1	lot Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	City & Stati	е		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution	Added	1 to Fees		
_	Zip		Country	Zip	<del></del>	ountry		8. This corporation owes or has paid the	- ·		
24		2 1	25 29 30				Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
LUDWIG, GEORGE W.							81 Name				
		0 <b>5 TIO</b> GA 1					Street Add	et Address (P.O. Box Number is Not Acceptable)			
WINTER PARK FL											
						83					
						84	City		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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title (Lapplicable, (NOTE: Registered Agent signature required when reinstating)  DATE											
12							ADDITIONS/CHANGES TO OFFICERS A		RS IN 12		
TII	LE	PD		DELETE					Change		
NA	ME GARBER, LON L.				1.2 NAME					_  ;	
i	REET ADDRESS 920 HOBSON STREET				1.3 STREET ADD		ADDRESS				
	-ST-ZIP LONGWOOD FL				1.4 CITY-ST-ZIP						
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NA	14151116 656565111			2.2 NAME		ŀ		_ •			
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							ADDRESS				
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CIT	TY-ST-ZIP				6.4 C	6.4 CITY-ST-ZIP					

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 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.