

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90009 021 ***150.00

006894

DOCUMENT # J46278

1. Corporation Name

DIVERSIFIED SOFTWARE SYSTEMS, INC.

Principal Place of Business

1211 SEMORAN BLVD
STE. 221
CASSELBERRY FL 32707
US

Mailing Address

1211 SEMORAN BLVD
STE. 221
CASSELBERRY FL 32707
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

Ste 163

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

Ste 163

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LUDWIG, GEORGE W.
2405 TIOGA TRAIL
WINTER PARK FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1986

4. FEI Number

59-2719437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME GARBER, LON L.

STREET ADDRESS 920 HOBSON STREET

CITY-ST-ZIP LONGWOOD FL

TITLE CD ☐ DELETE

NAME LUDWIG, GEORGE W.

STREET ADDRESS 2405 TIOGA TRAIL

CITY-ST-ZIP WINTER PARK FL

TITLE STD ☐ DELETE

NAME LODGE, BERNARD C.

STREET ADDRESS 380 GOLF BROOK CIR 204

CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

George W. Ludwig **REQUIRED** Ludwig

4/12/99

407/657-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)